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ABSTRACT

This document contains modules for two types of training. It provides 20 hours of training to newly hired Nursing Assistant Trainees (NATs) in residential care settings preparing to become state Certified Nursing Assistants (CNAs), using eight stand-alone modules supported by training process guides. It also includes 7 hours of training for newly hired NATs in the home care settings preparing to become state certified Home Health Aides (HHAs), using five stand-alone modules with training process guides. The materials are suitable for workplace literacy programs for adults with low levels of English literacy skills. A learning strategies module serves as an introduction to both programs. The CNA program contains the following modules: understanding your assignment sheet; managing your assignment; basic communication; advanced communication; communicating with families and residents; knowing and understanding your residents; and handling the stress of the floor. The CNA modules follow the same format, consisting of a training process guide for trainers that includes the following: learning objectives, competencies, procedures for trainers and students, vocabulary discovery, use of quoted material, use of job-specific materials, and learner assessment with an answer key; and a participant packet that includes learning objectives, learner preassessment, activity sheets, and information sheets. The HHA program includes the following modules: goal identification and priority setting; time management; following directions and map reading; and stress management. The HHA modules are self-instructional units with the following common elements: rationale and goal, objectives, and competencies; personal contract; learner preassessment; overview; learner postassessment; learner assessment answer key; and summary and closure. Subject-specific sections are included in each module. (KC)

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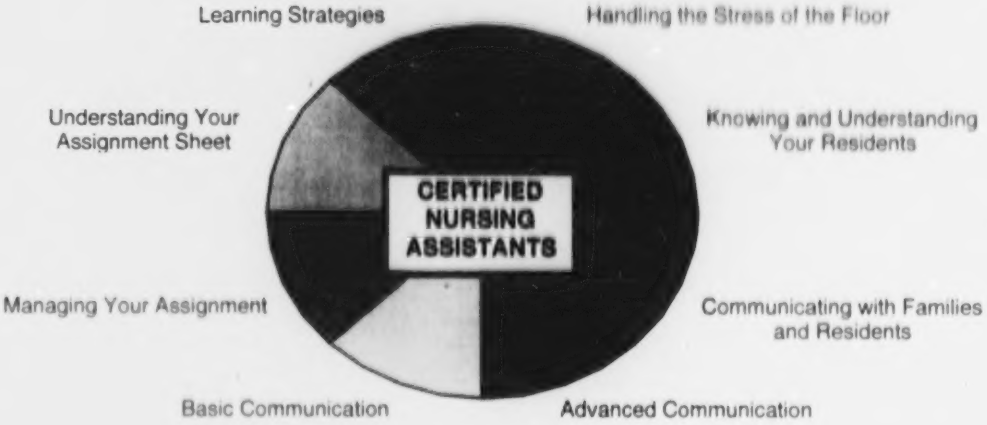
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care



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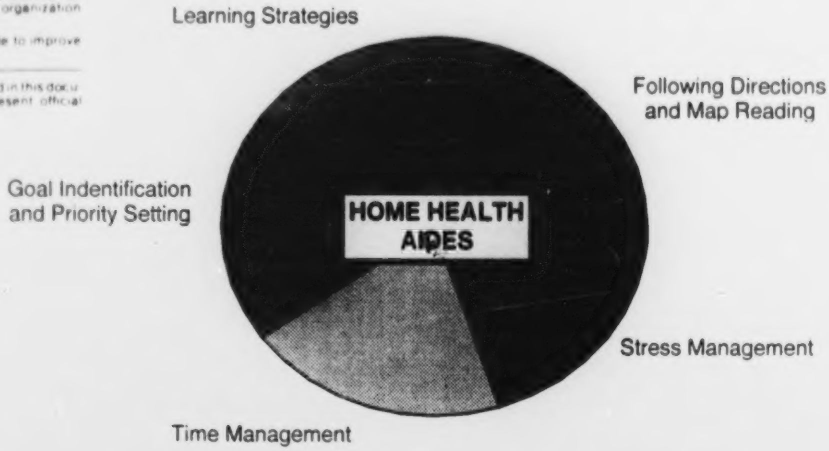

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Essential Skills for the Care Team for new employees in residential and home care, and ***New Directions in Customer Service*** for experienced employees, were produced under a United States Department of Education, National Workplace Literacy Program Grant (V198A40098-96). The project was developed by the Professional Development Program, Rockefeller College, University at Albany, in partnership with The Eddy/Northeast Health, and administered by the Research Foundation of State University of New York.

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The contents of this manual do not necessarily represent the policy of the U.S. Department of Education, but rather are reflective of the philosophy and approach of the grant recipient and all the partners identified with the project.

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NATIONAL WORKPLACE LITERACY

OVERVIEW

Congress created the National Workplace Literacy Program (NWLP) in response to those concerns that an increasing percentage of the American work force lacked the skills to compete in the world marketplace. Since 1988, the NWLP has provided grants to fund local projects that are operated by exemplary partnerships of business, labor, and educational organizations. These partnerships are funded to provide education and related services that affect the productivity of the workforce through the improvement of those basic and higher order skills needed in the workplace. Although NWLP projects focus on developing the knowledge and the skills of workers in specific jobs, the knowledge and skills taught through the projects enable workers to develop a broad spectrum of literacy, reasoning, and other workplace skills that can and will be transportable to other jobs.

The term workplace literacy may be misleading because of the connotations it has in relation to traditional education. In actuality, workplace literacy is today's "New Literacy;" it is much broader than generic reading and writing. Today's basic skills go beyond those into critical thinking, problem solving, and decision making. They teach learners to work in teams and have a high level of independence with less and less reliance on monitoring and supervision; they emphasize strong communication and interpersonal skills. These are very positive, proactive skills and concepts that both workers and management see as the essentials or basics for today's workers.

THE ROCKEFELLER COLLEGE WORKPLACE LITERACY GRANT

In 1994, a partnership was formed between the Professional Development Program, Rockefeller College, University at Albany, and The Eddy—a not-for-profit network of services for seniors. During the following year, that partnership was strengthened when one of the collaborators, The Eddy, integrated with Samaritan Hospital to form a parent system called Northeast Health. The system later grew to also include Albany Memorial Hospital. As a result, Northeast Health became a regional, comprehensive system of healthcare and community services encompassing 15 counties. An employer of 4,000 individuals, serving an estimated 18,000 people—Northeast Health continued the commitment to the workplace literacy partnership begun by The Eddy in 1994.

The project drew upon the resources of several Northeast Health members—Eddy Memorial Geriatric Center, Eddy Cohoes Rehabilitation Center/Eddy-Ford Nursing Home, Heritage House Nursing Center, Eddy Home Care, and Samaritan Hospital. Accomplishment of the goals has been reflective of the cooperation and commitment that was given by all throughout the three-year grant period. As the recipient of the grant services, The Eddy and Northeast Health provided the workplace context for the project with all instructional services delivered to its employees.

The business partner's role was key to the success of the grant implementation. The level of success can be attributed to the efforts and commitment of The Eddy and Northeast Health to institutionalize this workplace literacy program within their organization. This project serves as a demonstration from which other eldercare organizations and like systems can draw parallels and conclusions for similar implementation. Accomplishment of the goals of the project has been reflective of the cooperation and commitment that was given by all throughout the three year grant period. As the recipient of the grant services, The Eddy and Northeast Health provided the workplace context for the project with all instructional services delivered to its employees.

PROJECT GOALS

The overall goals of the project were articulated as broad and systemic achievements:

- To develop and demonstrate a workplace skills program model for healthcare, especially eldercare workers, that is both effective in the specific context of The Eddy/Northeast Health and its affiliates and transportable across the industry.
- To produce workplace skill gains among the members of the Care Team of The Eddy/Northeast Health and its network of affiliates—the Certified Nursing Assistants, the Home Health Aides, and ancillary housekeeping, custodial, and food staff—to enable completion of initial job training, to support staff to perform job tasks more effectively, and to increase individual job productivity, organizational efficiency, and cost-effectiveness.
- To evaluate the project and share findings with the adult literacy field and similar health organizations.
- To develop within The Eddy/Northeast Health the capacity to provide continuing workplace literacy instruction and support beyond the funding period.

THE EDUCATIONAL PROGRAM

The frontline healthcare workers targeted to receive the services of this grant are newly hired Nursing Assistant Trainees (NATs) in both residential and home care settings, and experienced direct care workers and ancillary staff from departments such as environmental services, housekeeping, dietary, etc. These frontline workers comprise The Eddy/Northeast Health Care Team who provide direct care to clients dependent upon their skills and competence.

In developing an educational program for these three distinct populations that comprise the Care Team, an in-depth study was made through a Literacy Job Task Analysis. Focus groups were formed comprised of administrators, supervisors, experienced Aides, and staff of Rockefeller College. This input, combined with extensive field work, laid the foundation for the development of an innovative program to be implemented through three separate curricula:

***Essential Skills for the Care Team* - Certified Nursing Assistant Program,** provides twenty hours of training to newly hired Nursing Assistant Trainees (NATs) in the residential care setting preparing to become state Certified Nursing Assistants (CNAs).

***Essential Skills for the Care Team* - Home Health Aide Program,** provides seven hours of training to newly hired NATs in the home care setting preparing to become state certified Home Health Aides (HHAs).

New Directions in Customer Service, provides twenty hours of training to experienced direct care workers and ancillary staff from departments such as environmental services, housekeeping, dietary, office management, etc.

The two ***Essential Skills for the Care Team*** curricula for new hires consist of a twenty-hour training program comprised of eight stand-alone modules supported by Training Process Guides for the CNA program, and a seven-hour training program comprised of five stand-alone modules for the HHA program. The *Learning Strategies* module serves as an introduction to both programs and is supported by a seventy-minute videotape. Because of the difficulty in gathering the HHA population for classroom delivery, The Eddy/Northeast Health requested that self-instructional modules be designed. Therefore, four of the HHA modules are self-instructional. The two *Essential Skills for the Care Team* curricula are delivered during both the one hundred hours of New York State mandated clinical training for CNAs, and the seventy-five hours of state mandated clinical training for HHAs. It should be noted that the design and delivery of *Essential Skills for the Care Team* uses a functional context approach to workplace literacy where educational exercises and materials are closely matched with job specific tasks.

The ***New Directions in Customer Service*** curriculum for experienced employees consists of seven stand-alone modules totaling twenty hours of training. The program uses a Training Process Guide approach with video support for five of the modules. The development of this curriculum provided a unique opportunity to combine the grant's workplace education goals with a specific business goal of the partnering organization—their new customer service initiative. This initiative seeks to develop and enhance competencies deemed essential for optimum performance outcomes, as defined by the business partner's performance evaluations. *New Directions in Customer Service* uses a participatory approach to workplace literacy with a focus on interpersonal and team skill development.

PROGRAM STRUCTURE

Modules and recommended instructional sequence are as follows:

***ESSENTIAL SKILLS FOR THE CARE TEAM* - Certified Nursing Assistant Program**

Module	Title	Hours	Methodology
1	**Learning Strategies** for Home Health Aides and Nursing Assistant Training	3	Video-Supported
2	**Understanding Your Assignment Sheet**	2	Trainer-Led
3	**Managing Your Assignment**	3	Trainer-Led
4	**Basic Communication**	2	Trainer-Led
5	**Advanced Communication**	2	Trainer-Led
6	**Communicating with Families and Residents**	2	Trainer-Led
7	**Knowing and Understanding Your Residents**	3	Trainer-Led
8	**Handling the Stress of the Floor**	3	Trainer-Led
	Total Certified Nursing Assistant Program =	20	

***ESSENTIAL SKILLS FOR THE CARE TEAM* - Home Health Aide Program**

Module	Title	Hours	Methodology
1	**Learning Strategies** for Home Health Aide and Nursing Assistant Training	3	Video-Supported
2	**Goal Identification and Priority Setting**	1	Self-Instructional
3	**Time Management**	1	Self-Instructional
4	**Following Directions and Map Reading**	1	Self-Instructional
5	**Stress Management**	1	Self-Instructional
	Total Home Health Aide Program =	7	

NEW DIRECTIONS IN CUSTOMER SERVICE - **Experienced Employee Program**

Module	Title	Hours	Methodology
1	**Calling for Care: The Telephone in Customer Service**	2	Video-Supported
2	**Taking Responsibility for Conflict**	3	Video-Supported
3	**Difficult People: Strategies for Successful Solutions**	3	Video-Supported
4	**Rx for Stress Management**	3	Video-Supported
5	**Teambuilding**	3	Trainer-Led
6	**Handling Change in the Healthcare Environment**	3	Trainer-Led
7	**Working Together with Our Differences**	3	Video-Supported
	Total Experienced Employee Program =	20	

MATERIALS

The materials and ideas contained herein are available for duplication and use upon request to the Professional Development Program, Rockefeller College, University at Albany.

Our hope is that the curricula and other products will be instrumental for others to continue the work conceived and initiated through the partnership between The Eddy/Northeast Health and Rockefeller College under the U.S. Department of Education's National Workplace Literacy Program. The Professional Development Program at Rockefeller College is pleased to have been part of such a dynamic and collaborative development process.

We invite your comments regarding this project. We may be reached by phone: (518) 442-5700; fax: (518) 442-5768; e-mail: emonaco@pdp.albany.edu; through our website: http://www.albany.edu/pdp; or in writing at:

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ESSENTIAL SKILLS for the CARE TEAM

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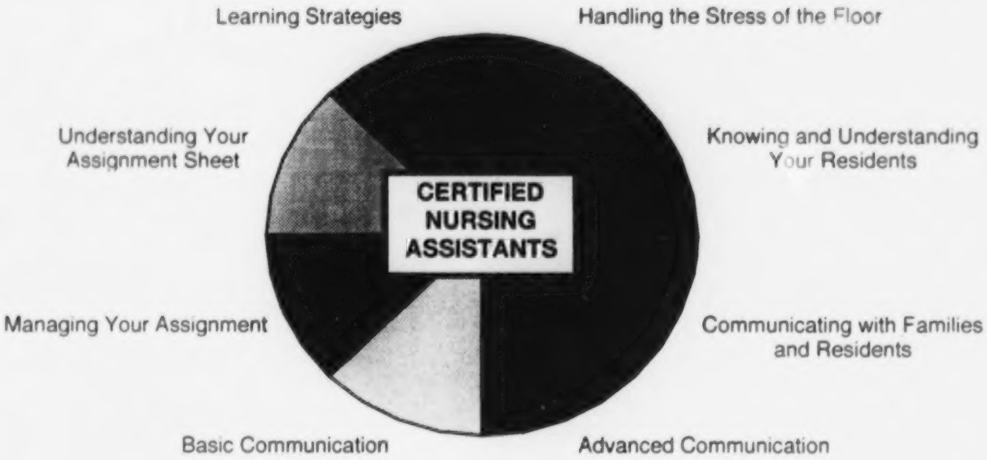
Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

GENERAL TRAINING OVERVIEW

ESSENTIAL SKILLS FOR THE CARE TEAM
CERTIFIED NURSING ASSISTANT PROGRAM

GENERAL TRAINING OVERVIEW
- Using this Curriculum -

OVERVIEW

Essential Skills for the Care Team was designed for newly hired Nurse Assistant Trainees at The Eddy, a member of Northeast Health, headquartered in Troy, New York. In collaboration with the Northeast Health staff development offices and clinical instructors, the training program was delivered within the one hundred hour state regulated clinical training program for Certified Nursing Assistants (CNAs). However, these modules may also serve the population of experienced CNAs, particularly those that deal with interpersonal skill building.

PROGRAM DESCRIPTION

Each module is comprised of a *Training Process Guide* and *Participant Packet*. The trainer is responsible for reproducing a *Participant Packet* for each trainee. Modules are designed to be sequential. Delivery of the curriculum should be planned to coincide with new tasks on the floor or unit. For example, *Understanding Your Assignment Sheet* and *Managing Your Assignment* should be given as soon as possible after trainees begin to experience time on the floor. However, each module is also designed to stand alone and might be used for experienced staff and/or periodic reinforcement depending on the instructor's assessment of need.

The modules in this curriculum and recommended sequence are as follows:

***ESSENTIAL SKILLS FOR THE CARE TEAM* - Certified Nursing Assistant Program**

Module	Title	Hours	Methodology
1	**Learning Strategies** for Home Health Aides and Nursing Assistant Training	3	Video-Supported
2	**Understanding Your Assignment Sheet**	2	Trainer-Led
3	**Managing Your Assignment**	3	Trainer-Led
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5	**Advanced Communication**	2	Trainer-Led
6	**Communicating with Families and Residents**	2	Trainer-Led
7	**Knowing and Understanding Your Residents**	3	Trainer-Led
8	**Handling the Stress of the Floor**	3	Trainer-Led
	Total Certified Nursing Assistant Program =	20	

MODULE DESCRIPTIONS

Module 1 - ***Learning Strategies***, is designed to improve competence in the workplace areas of reading, writing, listening, speaking, observation, critical thinking, teamwork, and learning strategies. This three-hour module is supported by a seventy-minute videotape and should be delivered at the beginning of the one hundred-hour state mandated clinical training to help new hires complete their studies and prepare for the state certification exam.

Module 2 - ***Understanding Your Assignment Sheet***, designed to help Aides who are in their first weeks on the floor, provides practice in fluent reading and accurate understanding of the assignment sheet. The assignment sheet provides specific instructions for the care of each resident and uses specific medical abbreviations and terminology which must be translated into non-medical statements about care. Trainers should reproduce assignment sheets specific to the trainees' facility for use with this module.

Module 3 - ***Managing Your Assignment***, is designed to enhance the development of skills needed for organizing the personal care of all residents on an Aide's assignment sheet during an entire work shift. Being able to care for many residents effectively and efficiently while on "full assignment" can be overwhelming. Again, the trainer should reproduce assignment sheets specific to the trainees' facility for use with this module.

Module 4 - ***Basic Communication***, addresses basic aspects of communication and promotes the development of basic communication skills. The module advances in logical sequence beginning with a focus on enhancing participants' awareness and recognition of the more subtle components of communication and the primary role they play. The latter part of the module includes case studies and role play exercises which support direct and immediate application of skills learned.

Module 5 - ***Advanced Communication***, builds upon the previous module and moves to discussion and practice of listening skills. The importance of nonverbal communication is emphasized and extensive use of case studies provides an immediate and direct application of skills learned. A sample script of a shift report is provided, however, the trainer is encouraged to make an audio tape of a live shift report from the trainees' facility for this module.

Module 6 - ***Communicating with Families and Residents***, builds on previous communication modules and focuses on supportive listening as it relates to residents and their families. Participants explore communication styles, review patient *right to privacy* and confidentiality issues, increase sensitivity to resident and family concerns, and review the *Do's* and *Don'ts* of professional communication.

Module 7 - ***Knowing and Understanding Your Residents***, is designed to enhance sensitivity to the physical and emotional issues of the elderly and to develop strategies to deal effectively with specific resident behaviors. The module advances in a logical sequence from sensitivity enhancing activities to the identification of causes of difficult resident behaviors. The module concludes with activities to develop essential skills for observing resident behavior.

Module 8 - ***Handling the Stress of the Floor***, addresses job stress and helps Aides develop strategies to minimize or eliminate stress factors that might lead to low productivity, inefficient work processes, and interpersonal discord. A peripheral goal of this module is to contribute to better retention of new nursing assistants by easing tension between new and experienced staff.

ELEMENTS OF THE CURRICULUM

All modules follow the same format. Descriptions of individual pages and activities that are common to all modules follow.

Vocabulary Discovery - This is a common page found at the beginning of each module which serves as a tool throughout the training to motivate and reinforce vocabulary development. *Vocabulary Discovery* is a continuous activity and participants should be reminded at the start of each module that defining and using new words and terms will be *rewarded* at the end of the program *(see Graduation-p4)*.

- *TRAINER NOTE*: This program's funding allowed for the purchase of individual pocket dictionaries for each participant. In addition, classroom *language* and *medical* dictionaries were made available for each training session. Per the trainer's discretion, time may be adjusted per individual module or during the course of the twenty-hour program to allow students to work on vocabulary development.

Use of Quoted Material - Modules often begin with a quote by a famous person or author. Each quote is designed to be used as a lead-in to set the mood of the entire module. The use of quotations exposes trainees to people who have contributed worthwhile thoughts and ideas to society through their creative works. The central idea is to have trainees begin to consider abstract thoughts and meanings, and to develop critical, creative, and analytical thinking skills. These quotes also provide practice in reading comprehension.

Use of Job Specific Materials - Some modules contain exercises that use job materials specific to the business partner. Trainers are urged to substitute documents specific to trainees' work sites where appropriate. Otherwise, participants should be informed that the specific workplace materials used in these modules serve only as an example.

- *TRAINER NOTE*: It is recommended that assignment sheets used for the modules *Understanding Your Assignment Sheet* and *Managing Your Assignment* be specific to trainees' facilities.
- *TRAINER NOTE*: Although a *Sample Shift Report* script has been provided for *Advanced Communication*, it is recommended that a live shift report be audio taped and used for the listening exercise in this module.

Posey and George Case Scenarios - *Posey and George* are original characters that appear in case scenarios in *Advanced Communication* and *Handling the Stress of the Floor*. These two characters represent Nurse Aide Trainees (NATs) who are mentored through their training experience by a mythical crowned figure, the *Magical Mentor*.

- *TRAINER NOTE*: Participants should be encouraged to find their own "mentors" on the floor when training. A *mentor* is an experienced worker who can be trusted as a counselor or guide.
- *TRAINER NOTE*: There are a number of methodologies for using these case scenarios discussed within the *Training Process Guides*. Time may be a factor in deciding how many scenarios the instructor chooses to utilize.

Assessment - *Essential Skills for the Care Team* integrates assessment throughout the curriculum. Trainees have several opportunities to give and receive feedback during the twenty-hour program. In addition, each module's *Learner Pre- and Post-Assessment*, *Personal Contract*, and *Summary and Closure* pages contribute to self-directed learning and assessment. *Learning Strategies* contains primarily self-assessment of individual learning styles and is not meant to be evaluated.

- *TRAINER NOTE:* Trainers should observe participants and give input on their progress in achieving each module's objectives and competencies. Trainers should continuously offer suggestions on how that development may be transferred to and continued at the workplace.

PROGRAM MATERIALS & INCENTIVES

Personal Learner Portfolios are recommended for use with the Certified Nursing Assistant curriculum. These can be simple two-pocket folders that hold trainees' paperwork. The purpose of the portfolio is to keep training materials organized and to store participant work for later review with an instructor if necessary.

- *TRAINER NOTE:* What the trainer needs to know from learners is what their needs and expectations were before the training session and what they take with them at the conclusion of the session for application on their jobs.

- *TRAINER NOTE:* Participants may want to tear out specific pages as they complete each module and store them in their Personal Learner Portfolios. *Personal Contract*, *Pre- and Post- Learner Assessments*, *Vocabulary Discovery*, and *Summary and Closure* pages would provide a quick overview of what was learned for both trainer and participant.

Learner Aids

Highlighters, pocket dictionaries and 'post-it' notepads were helpful learning aids during this project. A dictionary or two should be available in the classroom as well as a *Dictionary of Medical Abbreviations*. Check with the healthcare organization utilizing this program to ascertain which medical dictionary they advocate.

Graduation Ceremonies were held at the conclusion of each program to inspire and motivate trainees and promote a feeling that they were an important linkage to the Care Team and organizational mission. A cake and beverages were donated by the business partner along with *Certificates of Completion* signed by affiliate administrators. *Gold "110%" pins* were awarded indicating that graduates put forth an additional 10% of effort beyond the one hundred hours of state mandated clinical training. A low cost award was also given to the individual who had the most new words or terms on their *Vocabulary Discovery* pages.

- *TRAINER NOTE:* In the absence of a graduation ceremony, it is recommended that some type of certificate be distributed upon completion of the program. This certificate should be signed by someone in a role of authority and respect.

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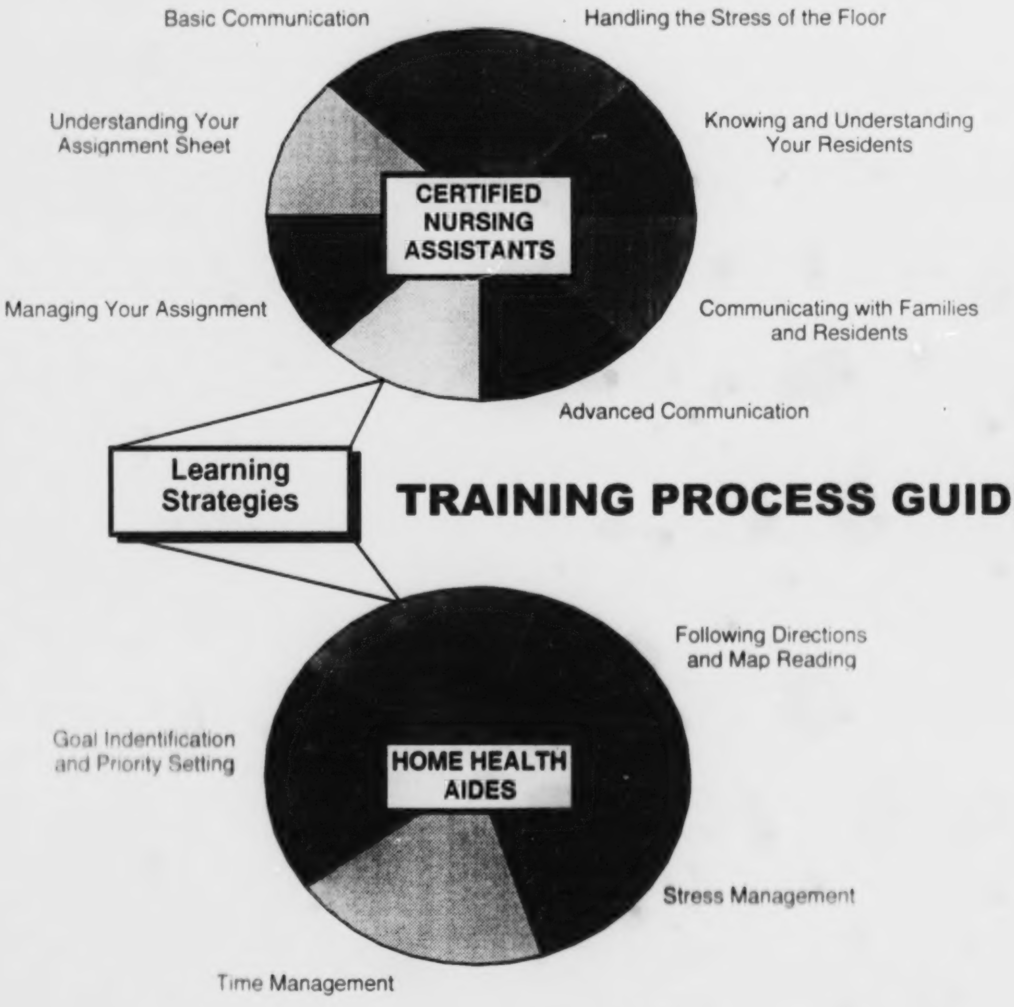
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Managing Your Assignment
Communicating with Families and Residents
Advanced Communication
Learning Strategies
Following Directions and Map Reading
Goal Indentification and Priority Setting
HOME HEALTH AIDES
Stress Management
Time Management

TRAINING PROCESS GUIDE

LEARNING STRATEGIES
for
Home Health Aide and Nursing Assistant Training

TRAINING PROCESS GUIDE

Table of Contents

- Trainer Preparation 1
- Rationale and Goal, Learning Objectives, Competencies 2
- Beginning Your Training 3
- Getting the Most Out of Your Training 5
- Taking Notes 8
- Skimming 11
- Highlighting 13
- Using Questions to Learn 15
- Becoming Test Wise 17
- Learner Assessment: Scoring Key 20

Trainer Preparation

- Familiarize yourself with the *Rationale* for this module.
- Thoroughly review the *Learning Strategies* videotape (approximately 70 minutes).

LEARNING STRATEGIES: Videotape Format

SEGMENT	TITLE	RUNNING TIME
1	***Beginning Your Training***	12 min. 35 sec.
2	***Getting the Most Out of Your Training***	9 min. 15 sec.
3	***Taking Notes***	11 min. 50 sec.
4	***Skimming***	5 min. 45 sec.
5	***Highlighting***	6 min. 35 sec.
6	***Using Questions to Learn***	7 min. 25 sec.
7	***Becoming Test Wise***	14 min. 15 sec.

- Prepare newsprint with *Learning Objectives*.
- Gather and prepare trainer and participant materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials.

Trainer
VCR/Monitor
Learning Strategies videotape
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms

Participants
Participant Packets
Highlighters, Pencils, Pens
Personal Learner Portfolios
Name Tags (optional)

Classroom Setting:

- The classroom should be large enough to allow adequate space for participants and equipment.
- Table space should be available for writing.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 3 Hours

Learning Strategies
for
Home Health Aide and Nursing Assistant Training

Rationale and Goal

Newly hired Nursing Assistant Trainees must participate in a rigorous educational program before becoming certified as either a Home Health Aide or a Certified Nursing Assistant. This training usually consists of reading extensive technical materials, listening to lectures, viewing videotapes, practicing clinical skills, and, finally, passing both a written and a clinical skills state certification exam. For an individual who has been away from a traditional educational program for any length of time, such a prospect can be intimidating.

As a response to this situation, *Learning Strategies* was developed to help Nursing Assistant Trainees approach learning and testing situations more effectively and with a greater degree of confidence. This module covers some of the basic study skills and learning principles that were identified as *key* to the success of newly hired Nursing Assistant Trainees. *Learning Strategies* is video-supported and offers testimony from Home Health Aides and Certified Nursing Assistants who successfully completed their training program. The video is approximately seventy minutes long and the module takes approximately three hours to deliver.

Learning Objectives

Upon completing this module, participants will be able to:

- Apply organizational skills to prepare for training
- Identify personal learning strategies
- Take effective notes on a classroom lecture
- Skim written materials to determine content
- Highlight text for important information
- Ask "open" and "closed" questions to get needed information
- Apply test-taking strategies to a variety of tests

Competencies

- Using basic study skills
- Using test-taking skills
- Employing self-directed learning skills

Beginning Your Training

FOCUS: **Segment 1 of the video provides an introduction that will ease trainees into the learning strategies covered in their *Participant Packets*, giving them the purpose of the program and encouragement to stay with the challenging clinical training to come. Segment 1 gives an overview that helps learners prepare to work with new materials and refresh personal learning strategies.**

TRAINING PROCESS:

1. **Introduce** the *Learning Strategies* training module and video by reviewing the *Rationale and Goal* page. The following is an example of how you might introduce the videotape:

   "The purpose of this part of your training is to help you prepare to be an effective learner. A Nursing Assistant Trainee needs to remember a lot of information and learn many new skills in order to pass the state certification exam. During this three-hour module, you will be taking time to explore your individual learning styles and practice some strategies that will make your training easier and more effective. You will watch a videotape featuring Home Health Aides and Certified Nursing Assistants who have already gone through this training program. They will be talking about what they did to help themselves be successful. The video will give you information on appropriate ways to learn and help you prepare to work with new materials and refresh personal learning strategies."

2. **Distribute** *Participant Packets* and pens and/or pencils.

   [*TRAINER NOTE:* When you hand out the Participant Packets, trainees will naturally skim materials. You may choose to make note of the skimming strategy they are applying. For example, "I see many of you leafing through the Participant Packet. This is a learning strategy called 'skimming' that we will be practicing later in the module."]

3. **Ask** participants to read page 1 in their packets, *Learning Objectives*.

4. **Have** participants complete the *Personal Contract* on page 2 of their packets. This is an individual page that does not need to be shared, however, volunteers may want to share responses with the larger group.

5. **Direct** participants to complete the *Learner Pre-Assessment* on page 3 of their packets. Tell participants they will rate themselves again on the same scale at the end of the module to see if they have gained confidence in their learning abilities.

VIDEO NOTES: **Segment 1**
Video playing time is 12.35
No Participant Packet pages used during this video segment

- **Turn on video.**

  - On screen title: **Learning Strategies for Home Health Aide & Nursing Assistant Training**
  - On screen **credits**
  - *On screen title: **Segment 1***
  - *Clips of three individual Aides discussing their jobs*
  - Segment title on screen: ***Beginning Your Training***

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- Narrator welcomes trainees and explains the training to follow. The Narrator asks, "What will the training be like?"
- Clips of ten individual Aides describing what training is like
- Narrator previews next segment
- Last narrated line: "Turn off the video now until your class is ready."
- On screen: Turn Off the Video

- **Turn off video.** (*End of Segment 1)*

NOTES:

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Getting the Most Out of Your Training

FOCUS: **Segment 2 starts trainees thinking about preparing for the process of learning. Trainees often come to training with a great deal of anxiety about returning to the classroom. This segment is designed to ease trainees into the learning process and have them meet training partners around them.**

TRAINING PROCESS:

1. **Lead** a discussion about possible pitfalls or fears of.learning. Trainees can use the time to talk about obstacles that have held them back in the past.

   [*TRAINER NOTE:* You might find it helpful to develop some questions to direct the discussion, such as: "Have your past school experiences been mostly positive or negative?" "What kind of learner were you?" "Did you feel successful in school?" "Why?" or "Why not?"]

2. **Have** participants review the *Table of Contents* page in their packets.

VIDEO NOTES: **Segment 2**
Video playing time is 9.15
Participant Packet pages 4-8 will be used during this video segment

- **Turn on video.**

- On screen credits
- On screen title: ***Segment 2***
- Clip of one CNA talking about the job
- Segment title on screen: ***Getting the Most Out of Your Training***
- Clips of five individual Aides telling how they got the most from their training
- *On screen:*
    - Keep an open mind
    - Use common sense
    - Be willing to learn
    - Relax and listen
    - Think of it as retraining
    - Practice the skills
    - Demonstrate the skills
    - Discuss what you learn
    - Use highlighters
    - Be organized
    - Answer the chapter questions
- Narrator recaps by listing all bullets above and instructs viewers to think about how they will get the most out of their training.
- *On screen:*
    - **Getting the Most Out of Your Training**
    - Turn off the video
      Write Down your ideas & discuss them

- **Turn off the video.**

3. **Have** group turn to page 4 in their packets, *Getting the Most Out of Your Training*, and follow the instructions.

4. **Ask** group to write ideas for how to get the most out of their training and encourage participants to discuss their ideas with their training partners.

5. **Have** participants complete the first column on page 5, *Are You Prepared for Training?*, and tear out the page for future completion at three and six weeks into their program.

[*TRAINER NOTE:* Participants may want to store the sheets in their Personal Learner Portfolios at this time or post the sheets in a work area.]

- **Turn video back on after discussion.**

- Narrator gives suggestions for training preparation, starting at home.
- On screen:
  - Family OK
  - Rested and fed
  - On time
  - Comfortable and focused

- Narrator notes ways to prepare for class once trainees have arrived.
- *On screen:*
  - What do I already know?
  - What will I learn?
  - How will I use this?
  - What are my questions?

- Narrator suggests how to relax.
- *On screen:*
  - How do you feel?
  - Be positive
  - Breathe in and out
  - Trust yourself

- Last narrated line: "Help yourself get the most out of your training."
- *On screen:*
  - Turn Off the Video

- **Turn off the video.** *(End of Segment 2)*

6. **Ask** trainees to share thoughts on training preparation, reactions to video content, or feelings about certification training.

7. **Have** participants turn to page 6, *Which Would You Choose?*, in their packets and introduce the concept of learning styles by saying:

"Most of us have a preferred way of learning information or skills that we need to know; that is, we all have a different **style** of learning. What might work for one learner may not for another. For instance, some learners can sit and listen to long lectures while others daydream or fall asleep. Lectures may not be a preferred way to attain and retain information for some. They may feel a need to work hands-on, read to get information, make note cards, draw diagrams or create outlines, etc. This is not to say that one learning style is better than the other. Strategies learners use are simply different and personal. Most of us use combinations of these strategies and adapt our studying to those preferred styles of learning."

[*TRAINER NOTE:* It will be helpful to the trainees to think about and know the way(s) in which they learn best. It will allow them to adapt information as needed. Additionally, it will let them know that there are different and equally acceptable ways to learn and, as important, that their style is not wrong, peculiar, or incorrect. For those who have been unsuccessful in the past, this knowledge can be an eye-opener; it can change their attitudes and beliefs about themselves.]

8. **Have** participants complete page 6, *Which Would You Choose?*, and discuss with their training partners.
9. **Have** participants complete pages 7 and 8, *What is Your Preferred Learning Style*, and discuss with training partners when finished.

NOTES:

Taking Notes

FOCUS: **Segment 3 helps trainees recognize that notes do not need to be taken all the time, but that there are instances when it will be important. Bringing the trainees through the process of note taking refreshes their memories regarding the process. It may also introduce some new ideas about note taking that will be especially relevant to their training.**

TRAINING PROCESS:

1. **Introduce** the segment by explaining:

"When a group assembles for training, sometimes the mood allows for or encourages note taking; but at other times, note taking is not viewed as 'the thing to do'. No one should feel obliged to take notes just because someone is lecturing. Note taking is directly related to learning styles. Some learners prefer to listen and then fill in information later. Whatever your note taking style, you usually need to take notes of some sort. Taking *useful* notes is a skill that improves with focus and practice."

VIDEO NOTES: **Segment 3**
Video playing time is 11.50
Participant Packet pages 9-10 will be used during this segment

- **Turn on the video**.
  - *On screen* credits
  - *On screen* title: ***Segment 3***
  - Clip of one CNA talking about the job
  - Segment title on screen: ***Taking Notes***
  - Clips of five Aides speaking about if, when, and why they took notes
  - Narrator says to take notes on a topic you'll be tested on, demonstrations or procedures, or explanations on a handout. Narrator says this segment is on taking notes when you don't have a handout.
  - *On screen:*
    - Taking Notes

  - Narrator tells trainees to turn to the *Participant Packet* and follow directions.
  - *On screen:*
    - Turn Off the Video
      Discuss Your Note-taking Ideas

- **Turn off the video.**

2. **Have** trainees turn to page 9 in their packets, *Taking Notes*, and jot down ideas. Encourage the group members to discuss ideas with training partners. Do not lead the discussion.

3. **Have** members share ideas with entire group after partner discussions.

- **Turn video back on.**

  - Narrator describes additional ideas for taking notes.
  - *On screen:*
    - key topics
    - shorthand
    - abbreviations
    - symbols, diagrams

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- Narrator explains mapping format: "It works like this. Put the main idea in the circle. Branch out with the key topics, then have the details branch off the topics."
- *On screen* shot of a trainee's notes written in a 'mind mapping' format
- *On screen:*
  - What will I forget?
  - Is that true?
  - That's helpful
  - Your own knowledge

- Narrator gives ideas about speakers' cues including verbal clues and body language.
- Narrator recaps note-taking telling viewers to review notes soon and often and to discuss notes with others.
- *On screen:*
  - To prepare for tests
  - Demonstrations
  - Handouts
  - Label notes
  - Key topics and terms
  - Shorthand
  - What will you forget?
  - Own words
  - Watch gestures
  - Clue words
  - Review
  - Discuss
  - What do I need to remember?

- Narrator gives directions for practice using an on-screen lecture on the Hoyer lift.
- On screen: Turn to *Practice Taking Notes* in your Activity Pak.

- **Pause video immediately.**

4. **Allow** participants time to turn to page 10 in their packets and to answer the "Ask Yourself" questions at the top of the page.

5. **Have** participants fill in the date, topic and speaker lines. (Video instructor is Brenda)

6. **Direct** participants to take notes on the Hoyer lift lecture.

- **Resume video.**

- *On screen* instructor gives a lecture (1 minute 40 seconds) on the Hoyer lift.
- Last narrated line: "Compare note-taking styles, and the information recorded."
- Narrator tells viewers to take a minute and look over their notes and then compare styles.
- *On screen*: Turn Off the Video & Discuss Your Notes

- **Turn off video.** *(End of Segment 3)*

7. **Have** participants show their notes to their training partners and discuss them. If partners resist sharing, ask whether one person will share her or his notes with the group. Try to generate discussion.

< OPTIONAL EXERCISES >

- **Go** further into mind mapping or 'clustering' as discussed in the video. It is an excellent method for organizing thoughts, decision making, note-taking, pre-writing (rather than attempting an outline), and testing what you remember after reading or listening to a lecture. It allows you to escape from trying to put thoughts to paper in the linear fashion and helps get your ideas clustered on a piece of paper in the same way your mind processes thoughts.
- **Ask** trainees to map their thoughts after they have completed reading a chapter. The map should tell them what they know as well as what they don't know. This allows them to study only what they don't remember, rather than wasting time on what they already know.
- **Ask** trainees to watch a television program or movie with at least one other person. Have them take notes and then compare their notes with what the other person remembers.
- **Discuss** the uses of flash cards for helping trainees remember specifics through self-drill. Ask trainees to develop flash cards based on the information they need to remember but seem to have difficulty with. They can use mind mapping to identify what they appear to have trouble retaining.

NOTES:

Skimming

FOCUS: **Segment 4 introduces trainees to the idea of skimming written text in order to determine content and also provides an opportunity for trainees to practice skimming, using a sample article in their packets.**

TRAINING PROCESS:

1. **Introduce** the segment by explaining:

"Studies on reading comprehension tell us that skimming information before reading helps you read better. If you have an idea of what is to come, you can focus more easily on the text. Skimming gives you a framework to take in more detailed information. It helps eliminate the feeling we've all had at one time or another; the point you reach after reading five or so paragraphs when you look up and ask yourself, 'What in the world have I been reading?'."

VIDEO NOTES: **Segment 4**
Video playing time is 5.45
Participant Packet page 11 and three-page sample article,
***Changes Associated with Aging*, will be used during this segment**

- **Turn on video.**

- *On screen* credits
- Title on screen: **Segment 4 Skimming**
- Clips of four Aides talking about depth of training, quantity of work, and anxiety in training
- Narrator discusses why skimming can be important for handling the large amount of material in training.
- *On screen:*
  - The big picture
  - Smarter
  - More relaxed
  - Know what's coming

- Narrator says skimming shows how materials are organized.
- *On screen:*
  - Organization
  - Sections
  - Main ideas

- Narrator tells viewers ways to skim materials.
- *On screen:*
  - Titles
  - Section headings
  - Underlined, bold, italics
  - Definitions
  - First, last paragraphs
  - Questions
  - Boxes, charts
  - Diagrams

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- Narrator tells trainees to practice skimming using their packet.
- *On screen:*
    - Skimming
    - Turn off the Video
    - Skim and Discuss the Handouts
- Last narrated line: "Now, turn off the video and practice skimming."

- **Turn off the video.** *(End of Segment 4)*

2. **Have** group turn to page 11 in their packets, *Practice Skimming*, and briefly review the steps at the top of the page. Tell trainees they will skim the three-page sample article, *Changes Associated with Aging*, on the following pages while applying the steps. Check to make sure all participants are on the first page of the article before beginning.

   [*TRAINER NOTE:* You may want participants to tear out the three-page article to make skimming it easier. They can store the article in their Personal Learner Portfolios.]

3. **Tell** participants they have only 2 to 3 minutes to skim because they are just looking for titles, sections and section headings. They are not to be reading large sections of the content. Skimming is to be done quickly.

4. **Have** the group look for the organization of the article and its overall content and discuss with their training partners. They should note:

   Title: *Changes Associated With Aging*,

   Section Headings: *Observed Changes* and *Nursing Actions*,

   Observed changes noted for: *Sensory Systems* (Hearing, Vision, Depth Perception, Temperature, Smell and Taste, Touch and Vibration*)*, *Cardiovascular System*, and *Respiratory System*.

< OPTIONAL EXERCISES >

- **Distribute** one or two additional articles that the trainees could skim, using the steps for skimming found in their packets.
- **Allow** time for skimming *every* time participants encounter new written text. Encourage learners to apply the strategy often, until it becomes automatic.

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Highlighting

FOCUS: **Segment 5 provides an opportunity to review the value of highlighting information. Highlighting can be very useful in Home Health Aide and Nursing Assistant training because so much of the information received will come from the trainer talking from written text while trainees follow along. Practice highlighting is important because, all too often, trainees do not discriminate between what is new at the moment and what needs to be noted for study at a later time.**

TRAINING PROCESS:

1. **Introduce** this segment by saying:

   "Highlighting is an important method for reviewing information that you need to remember. Think about your purpose and keep highlighting down to essentials. Highlighting materials should be done relatively sparingly. If you overdo it, nothing will be important. Just because a person next to you has highlighted different information, it does not indicate that you are 'wrong' in any way. It means that you know different things, so what may be important to one learner, may not be important to another. Highlighting what is truly important to you helps you review necessary materials at a later time."

2. **Pass** out highlighters.

VIDEO NOTES: **Segment 5**
Video playing time is 6.35
Participant Packet page 12 and one-page sample article,
***What is the Patient Abuse Reporting Law?*, will be used during this segment**

- **Turn on video.**

- *On screen* credits
- Segment title *on screen*: **Segment 5 Highlighting**
- Clips of three Aides talking about highlighting materials during training
- Narrator talks about highlighting the information you need to remember when reading or when listening.
- *On screen:* Highlight what YOU need to remember
- Narrator gives highlighting principles.
- *On screen:*
  - The big picture
  - Words and phrases
  - Instructor points
  - Key sentences

- Narrator gives directions for highlighting practice, using a lecture on the Patient Abuse Reporting
- Law and the *Participant Packet.*
- *On screen:* Highlighting

- **Pause video.**

3. **Have** the group turn to, *What is the Patient Abuse Reporting Law?*, in their packets and highlight as the video instructor discusses the topic.

- **Allow video to play.**

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- On-screen instructor (Sandy) discusses the Patient Abuse Reporting Law and patient abuse. The lecture ends with, "You can't have loss of time, loss of wages, or loss of your job from reporting."
- *On screen:*
    - Turn Off the Video
      Discuss What You Highlighted
- Last narrated line: "Turn off the video and compare what you highlighted with your training partners."

- **Turn off the video.** *(End of Segment 5)*

4. **Have** group members compare how they highlighted with their training partners. Ask volunteers to share how they decided what was important to highlight.

< OPTIONAL EXERCISES >

- **Distribute** an article as a home assignment to be highlighted. Select reading materials that are not included in the trainees' program but are important for them to know. Ask trainees to skim the information and then read it, highlighting what they might need to study at a later date.

NOTES:

Using Questions to Learn

FOCUS: **Segment 6 introduces learners to the idea of asking questions to get the information they need. Questioning is important because it gives a purpose to reading and, therefore, improves comprehension. When a reader or learner has a purpose, information retention usually improves.**

TRAINING PROCESS:

1. **Introduce** this segment by explaining:

   "Asking questions is a tool that helps people learn because questioning gives focus and purpose to the information. In this segment, you will experience how asking closed questions will result in specific, limited information. Asking open questions allows for answers of greater depth. How you pose questions is important whether you are in a classroom situation or learning on your own. Asking questions during class, before reading, or at any other time, will usually help you in finding answers that will stay in your memory."

***VIDEO NOTES*:** **Segment 6**
Video playing time is 7.25
Participant Packet pages 13-14 will be used during this segment

- **Turn on video.**

- On screen credits
- Title on screen: **Segment 6 Using Questions to Learn**
- Clips of four Aides emphasizing the importance of asking questions
- Narrator states that questioning is important because by asking questions you help yourself and stop the flow of information. You also may help others in the room since, nine times out of ten, someone else had the same question. The way you ask questions can control the answers you get or don't get.

SCENE 1 - Clips of trainees demonstrating closed questions:
- *On screen:*
  - Closed questions
  - Simple, short-answer, yes-no questions
  - Closed questions ask for and get specific information

- Clips of trainees asking more closed questions; then topic changes.

SCENE 2 - *Clips of trainees demonstrating open questions:*
- *On screen:*
  - Open questions
  - More complex
  - Open questions lead to more information

- Clips of trainees asking more open questions.
- Narrator recaps use of questions in two scenes.
- *On screen:*
  - Gather information
  - Interact
  - Clarify what you know

- Last narrated line: "Now, turn off the video and practice questioning using the section in your *Activity Pak* titled *Using Questions to Learn*."
- *On screen:*
    - Using Questions to Learn
    - Turn off the Video and Practice Questioning

- **Turn off the video.** *(End of Segment 6)*

2. **Have** group turn to page 13 of their packets, *Using Questions to Learn*, and read over the examples.

3. **Encourage** participants to practice questioning as directed on page 14 in their packets.

< OPTIONAL EXERCISES >

- **Have** learners select a content area from their clinical Aide training that is particularly challenging. Have them pose some questions and identify what type they are and what information they might solicit. Then have them role play a teacher/learner scenario.

- **Have** each trainee write one open and one closed question on a topic of their choice. Then have them think about and discuss what differences they found in trying to develop each type of question; for example, what was different about the knowledge they already had? What was different about the information they were trying to get?

NOTES:

Becoming Test Wise

FOCUS: **The primary purpose of Segment 7 is to help trainees learn how tests are developed and what the tests are looking for in order to understand what is important to study. This section gives an overview of several types of tests and allows participants to review strategies that can be applied to each.**

TRAINING PROCESS:

1. **Introduce** this segment by saying:

"Going over various types of test questions allows us to see what tests are looking for. By discussing how tests are written, you can learn how to study better. For example, if two similar sounding or looking choices are included in multiple choice answers, it is fairly obvious that the person(s) who developed the test believe that identifying the correct one indicates *real* knowledge on the part of test takers. What does this mean to the people who need to pass the test? Can it help them study more effectively? Well, it may let them know that when they come across terms that are similar, they may need to make distinctions as to the differences in order to keep them separate."

VIDEO NOTES: **Segment 7**
Video playing time is 14.15
Participant Packet pages 15-21 will be used during this segment

- **Turn on video.**

- On screen credits
- Title on screen: **Segment 7 Becoming Test Wise**
- Clips of three Aides talking about how they studied for and took the written tests
- Title on screen: **Taking Written Tests**
- Narrator suggests that using all the learning strategies will make studying for tests easier.
- When testing, use time well.
- *On screen:*
    - Skim test
    - Read all directions
    - Skip difficult items
    - Leave review time

- Narrator gives two test-taking strategies for answering multiple choice questions.
- *On screen:*
    - Answer questions in your own words
    - Match your answer with a test choice

- Narrator says if you can't answer the question in your own words, guess smart.
- *On screen:*
    - Eliminate obvious wrong answers
    - Narrow choices to two
    - Guess smart

- Narrator instructs viewers to review strategies for guessing smart on tests using the *Participant Packet*. *On screen:*
    - Turn Off the Video
    - Becoming Test Wise

- **Turn off the video.**

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2. **Have** trainees turn to page 15 in their packets, *Becoming Test Wise,* and review the test-taking strategies on pages 15-16 as a group.

[*TRAINER NOTE:* The examples that are given in the *Participant Packet* typify the types of questions the trainees will have in written tests. Going over them helps trainees analyze the sorts of questions and thus know better what to study. For instance, if one knows that short answer questions often refer to definitions, descriptions, or information presented in lists, then studying can be supplemented by *writing* definitions and so on as practice for tests.]

- **Turn video back on.**

- Title on screen: **Strategies for test taking**
- Narrator recaps strategies for taking written tests; review appears on screen.
- *On screen:*
    - Use your time wisely
    - Skim the entire test
    - Read all directions
    - Postpone difficult items
    - Answer questions in your own words
    - Match your answers with a test choice
    - Eliminate obvious wrong answers
    - Narrow the choices to two
    - Guess smart
    - Avoid negative self talk

- Title on screen: **Taking Skills Tests**
- Clips of two trainers (Brenda and Jim) talking about the skills tests or 'practicals'
- Title on screen: **Test Anxiety**
- Clip of a CNA talking about test anxiety

- **Pause video.**

3. **Lead** a discussion on test anxiety.

[*TRAINER NOTE:* Many students have not had positive experiences taking tests and may suffer from 'fear of failure'. Many students have never quite figured out how to get through tests and have been given little or no direct instruction in applying strategies to tests. Allowing participants to discuss the problem and its effects can give some relief to those who are already fearful that they will fail. Giving trainees some basic skills for working with their anxiety can help them not only to improve in taking tests but also to learn how to relax during other times of stress.]

- **Resume video.**

- Narrator says there are behaviors to cope with test anxiety.
- *On screen:*
    - Don't worry about yourself
    - Don't talk yourself into failure
    - Breathe deeply
    - Close your eyes
    - Think about breathing
    - Visualize your success
- Narrator says, " Now you'll have a chance to practice these steps."

- **Pause video immediately.**

4. **Tell** trainees they will be led through a relaxation exercise. They should imagine themselves performing a skill to be tested on the practical exam.

- **Dim the lights in the room and allow the video to play.**
  - A guide's voice takes trainees through a relaxation exercise (1 minute 15 seconds) for help in performing the skills test.
  - Last line of relaxation exercise: "Now slowly open your eyes.
- **Pause video immediately and raise the lights in the room.**

5. **Have** trainees discuss their reaction to the relaxation activity.

[*TRAINER NOTE:* Perhaps the most important thing for trainees to learn in a test-taking situation is how to relax. If the breathing exercise is not sufficient, then the relaxation technique of tightening and relaxing muscle groups in an ordered series might be a helpful tool to learn.]

6. **Ask** participants to read the top of page 17 in their packets, *Continuing to Be a Smart Learner*.

[*TRAINER NOTE:* This final segment helps trainees focus on what they might need to do in order to be successful during training and beyond. Because it is based on the skills taught and discussed in the video, it is an excellent and immediate review. This section will help trainees recognize that many education skills are life skills as well.]

7. **Tell** participants: "Learning on your own helps you take control of yourself, your education, and your life. You'll see in the skills development checklists that follow, all that was covered during this training. This activity is for each of you to do individually and will not be shared. It may help keep you on target during the remainder of your training."

- **Allow the video to play.**

  - Title on screen: **Continuing to Be a Smart Learner**
  - *On screen* trainer (Jim) speaks about using the training as a stepping stone to more education
  - Narrator introduces one final activity to recall the many strategies covered in the video.
  - Title on screen: **Continuing to Be a Smart Learner**
  - Last narrated line: "Use it as you go through the rest of your training."
  - Credits begin with: Special thanks to all The Eddy staff who supported this project.
- **Turn off the video.** *(End of Segment 7 and the videotape)*

8. **Direct** participants to complete the first "NOW" column of the checklist on pages 18-19, *Getting the Most from Skill Development*. Explain that this activity is personal and will not be discussed.

9. **Ask** participants to complete page 20, *Learner Post-Assessment*. Have participants compare their score with their *Learner Pre-Assessment* score to see if they had a gain in confidence.

[*TRAINER NOTE:* Participants may want to tear out and store the page and in their Personal Learner Portfolios.]

10. **Ask** participants to take a moment and complete page 21, *Summary and Closure*.

[*TRAINER NOTE:* This is an individual page that need not be shared. However, volunteers may want to share responses with the larger group.]

Learner Assessment: Scoring Key

Scoring Directions:

1. **Add up the numbers circled by the trainee in each of the eight statements on the Learner Pre-Assessment.**
2. **Divide the total by 8 in order to get an average score of 'confidence'.**
3. **Repeat the same process on the Learner Post-Assessment.**
4. **Compare the Pre-Assessment score with the Post-Assessment score to see if there has been a gain or a loss in confidence overall.**
5. **You may also look at whether there is a gain or loss in confidence for each statement and to what degree.**

[*TRAINER NOTE:* There are no right or wrong answers for the Pre-and Post Self-Assessment. However, it is possible that a trainee may overestimate his or her confidence in some skill areas on the Pre-Assessment and show a lesser score in the Post-Assessment. In this case, you may opt to simply add a question to the post; e.g., Do you believe you were accurate in scoring your learning skills when you filled out the Learner Pre-Assessment? Trainers should use the results to target learners who may need encouragement and more direct instruction during their training.]

NOTES:

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UNIVERSITY AT ALBANY
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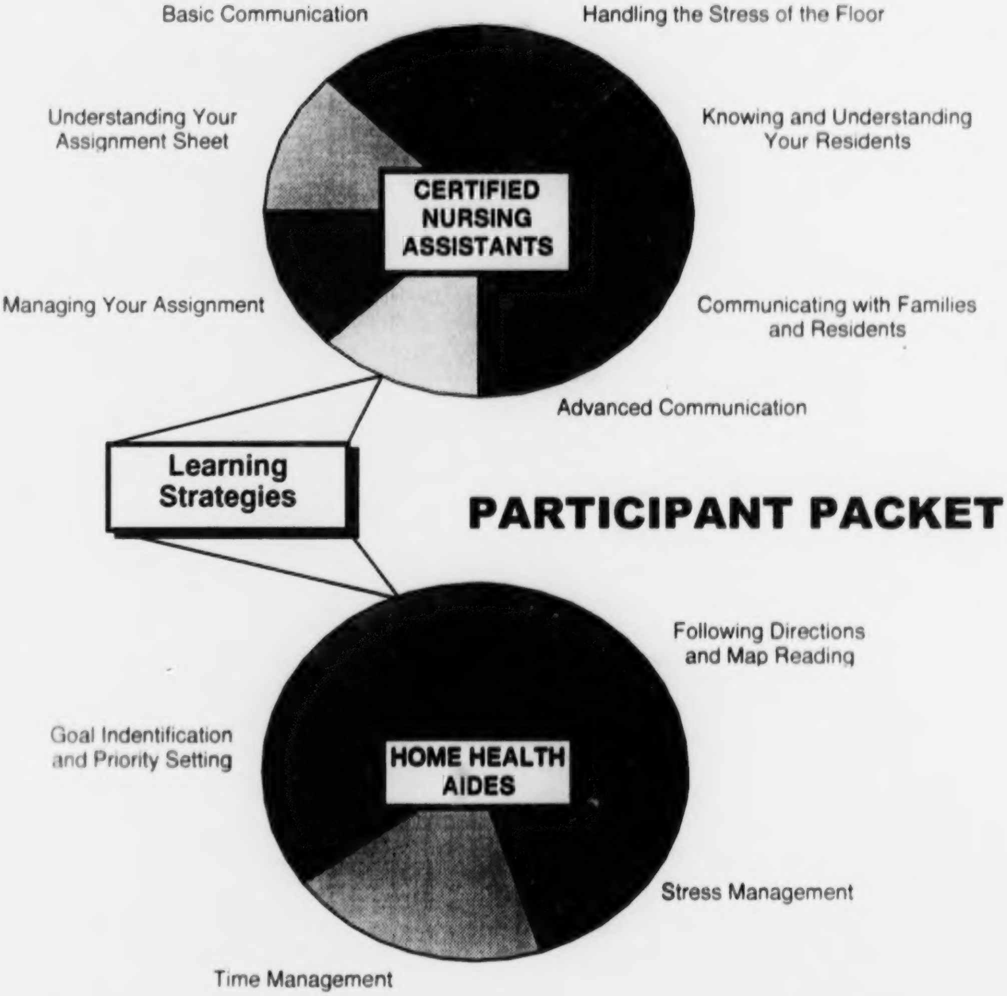
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Basic Communication
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Advanced Communication
Learning Strategies
Following Directions and Map Reading
Goal Indentification and Priority Setting
HOME HEALTH AIDES
Stress Management
Time Management

PARTICIPANT PACKET

LEARNING STRATEGIES

PARTICIPANT PACKET

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Learning Objectives

In this training module, you will practice skills reviewed in the videotape *Learning Strategies for Home Health Aide and Nursing Assistant Training*. This practice should help increase your confidence as a learner and encourage you to continue learning on your own. The goal is for you to become the most effective learner possible in this training. Good luck to you as you work toward becoming a certified Home Health Aide or Nursing Assistant.

Learning Strategies
for
Home Health Aide and Nursing Assistant Training

Upon completing this module, participants will be able to:

- **Apply organizational skills to prepare for training**
- **Identify personal learning strategies**
- **Take effective notes on a classroom lecture**
- **Skim written materials to determine content**
- **Highlight text for important information**
- **Ask "open" and "closed" questions to get needed information**
- **Apply test-taking strategies to a variety of tests**

Personal Contract

***Directions*: Write down your thoughts before you start this module.**

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

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Learner Pre-Assessment

How confident are you?

1. On the following scale, rate yourself as a learner:

1	2	3	4	5
I lack self-confidence as a learner.				I have a strong sense of myself as a competent learner.

2. On the following scale, rate your readiness for this training:

1	2	3	4	5
I am not sure if I am ready for this training.				I am confident that I am fully prepared for this training.

3. On the following scale, rate your ability to take notes when someone is giving a lecture:

1	2	3	4	5
I do not have ideas for taking effective notes during a lecture.				I know how to take notes effectively during a lecture.

4. On the following scale, rate your ability to skim material before you read it:

1	2	3	4	5
I am unsure of the way to skim material before I read it to get the big picture.				I know the way to skim material before I read it to get the big picture.

5. On the following scale, rate your ability to highlight key information on written materials while listening to an instructor:

1	2	3	4	5
I am unsure what to highlight to help me remember key information.				I know what to highlight to help me remember key information.

6. On the following scale, rate your understanding of open and closed questions:

1	2	3	4	5
I am not sure how and when to ask open or closed questions.				I understand how and when to ask open or closed questions.

7. On the following scale, rate your knowledge of effective test taking strategies:

1	2	3	4	5
I do not know effective strategies to use for taking tests.				I know effective strategies to use for taking tests.

8. On the following scale, rate your knowledge of effective strategies to reduce test anxiety:

1	2	3	4	5
I do not know how to reduce test anxiety.				I know effective strategies to use to reduce test anxiety.

Now add up the total number for all eight and then divide by eight to get a 'confidence' score!
SCORE:

Getting the Most Out of Your Training

Directions: Think about the following and jot down your ideas:

1. What can I do to get the most out of training?

2. How will I get prepared?

3. How will I concentrate?

When class has finished writing, discuss your ideas with your training partners.

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Are You Prepared for Training?

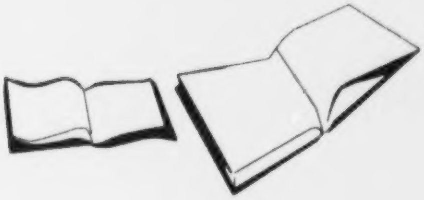
Directions: *Fill in the* ***"Now"*** *column on the questionnaire below. Attend to any* ***"NO"*** *responses and return to this questionnaire in three weeks to see how you're doing. Return to it six weeks from now and see if you've attended to all your needs.*

Preparing Myself	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
I have arranged for my family's needs?	☐	☐	☐	☐	☐	☐
Am I rested before going to class?	☐	☐	☐	☐	☐	☐
Do I eat adequately?	☐	☐	☐	☐	☐	☐
Do I go prepared to listen?	☐	☐	☐	☐	☐	☐
Am I on time?	☐	☐	☐	☐	☐	☐
Do I let myself relax so I can listen or study?	☐	☐	☐	☐	☐	☐
Do I acknowledge that it's okay to be tired or discouraged at times?	☐	☐	☐	☐	☐	☐
Do I believe I will learn?	☐	☐	☐	☐	☐	☐
Do I engage in positive self-talk?	☐	☐	☐	☐	☐	☐
Have I set up work space that is comfortable and large enough for study?	☐	☐	☐	☐	☐	☐

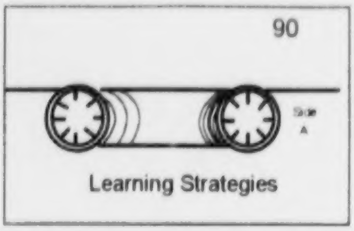
Preparing for Class	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I check the training outline before class?	☐	☐	☐	☐	☐	☐
Do I think about the topic and what I might know about it?	☐	☐	☐	☐	☐	☐
Do I think about how the information will be used on the job?	☐	☐	☐	☐	☐	☐
Do I write down questions I have so I can get the information I need?	☐	☐	☐	☐	☐	☐
Do I discuss materials with others?	☐	☐	☐	☐	☐	☐
Do I practice the skills on my own?	☐	☐	☐	☐	☐	☐

Which Would You Choose?

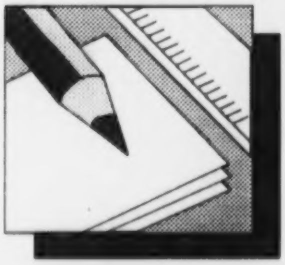
Directions: Circle one or more of your preferred learning strategies.



BOOK
I like to read.



AUDIO CASSETTE TAPE
I like to listen.



PEN & PAPER
I like to write.

VIDEO CASSETTE
I like to see things.

DISCUSSION
I like to talk.

I like hands-on learning.

What is Your Preferred Learning Style?

Directions: *Read each statement. If you think the statement describes you, place a* ✓ *in the blank. Do not think about the statements too long. Your first thought is usually the best. There is no right or wrong response.*

I like to read.

____ 1. I like to read when I have free time at home or work.
____ 2. I would rather read a report than be told what is in it.
____ 3. I understand information best when I read it.
____ 4. I remember something I read better than something I hear.
____ 5. I would rather read the newspaper for news than watch the news on TV.
____ 6. I would rather read the directions than be told how to make something.

____ **Total number checked**

I like to write.

____ 1. I take notes when I read to help me understand the material.
____ 2. I remember things best if I write them down or make a list.
____ 3. I like to take notes at lectures to help me remember things.
____ 4. I make fewer mistakes when I write than when I speak.
____ 5. I find the easiest way to remember my schedule is to write it down.
____ 6. I find it easier to write directions down for someone than to tell them.

____ **Total number checked**

I like to listen.

____ 1. I enjoy listening to people discuss things.
____ 2. I remember more from hearing the news than reading about it.
____ 3. I generally remember what I hear.
____ 4. I would rather watch a TV show or movie based on a book than read the book myself.
____ 5. I learn better listening to a lecture than by taking notes from a textbook on the same topic.
____ 6. I learn to do something better if someone tells me how, rather than read about it myself.

____ **Total number checked**

(Continued)

What is Your Preferred Learning Style? (continued)

I like to talk.

____ 1. I remember information better when I talk about it out loud to myself.
____ 2. I talk to myself when I try to solve problems.
____ 3. I communicate better on the telephone than I do in writing.
____ 4. I like learning best when I discuss the materials with other people.
____ 5. I understand material better when I read it out loud.
____ 6. I remember how to do something best if I repeat the directions to myself several times.

____ **Total number checked**

I like to see things.

____ 1. I can "see" words in my mind's eye when I need to spell them.
____ 2. I picture what I read.
____ 3. I can remember something by "seeing" it in my mind.
____ 4. I remember what the pages look like in books I've read.
____ 5. I remember people's faces better than I remember their names.
____ 6. I remember directions to someplace best if I picture in my head where I am going.

____ **Total number checked**

I like hands-on learning.

____ 1. I like to make things.
____ 2. I would rather do activities than read about them.
____ 3. I learn better by handling things while I am learning.
____ 4. I find it hard to sit still to study or listen to a lecture.
____ 5. I like to solve problems by trial and error, rather than with a step-by-step method.
____ 6. I think better when I am free to move around.

____ **Total number checked**

So, what is your preferred style of learning? Is it mostly one set of strategies or a combination of a few? Most people prefer to learn using a *combination* of the strategies listed above.

Material adapted from "Help Yourself: How to Take Advantage of Your Learning Styles," by Gail M. Sonbuchner, New Readers Press, Syracuse, NY, 1991.

Taking Notes

Directions: Think about the following questions and jot down your ideas.

1. When will I take notes during training?

2. How will I take notes during training?

When class has finished writing, share your ideas with your training partners.

Practice Taking Notes

Directions: A video instructor named Brenda is going to give a two-minute lecture on the Hoyer lift. Ask yourself the following questions before you begin taking notes.

1. What is the topic?
2. What do I already know?
3. What do I need to learn?
4. What questions do I have?

Now fill out the topic, date, and speaker information below and listen to the lecture while taking notes in the space provided.

Topic:

Date:

Speaker:

After taking notes:

5. Look them over.
6. Fill in any missing information.
7. Discuss your notes with your training partners.

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Practice Skimming

Directions: You are going to practice 'skimming' by using the sample article, *CHANGES ASSOCIATED WITH AGING*, on the following three pages.

Before you begin, review these steps for skimming:

- Read titles.
- Look for sections and read the headings.
- Read words that are underlined, in bold, or in italics.
- Read the first and last paragraphs or the introductory material and the summary, if any.
- Read questions, if any.
- Read material in boxes, charts or diagrams, if any.

STEP 1 - Now, take two minutes to skim the sample article, CHANGES ASSOCIATED WITH AGING, applying the strategies above.

STEP 2 - After skimming the sample article, discuss with your training partner what you gained from the article (try not to look back at the article again).

- What can you say about the organization of the article?

  What is the title?

  What are the section headings?

  What else helps you understand what it is about?

- What can you say about the "big picture" presented in the article?

  What is the overall content?

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CHANGES ASSOCIATED WITH AGING

OBSERVED CHANGES

A. SENSORY SYSTEMS

1. Hearing

- It is often difficult to hear people who speak rapidly.
- The ability to hear high pitched sounds is the greatest hearing loss over the years.
- Frequently a person can hear better with one ear than the other.
- Impaired hearing may create emotional problems, irritability, suspiciousness.

2. Vision

- Focusing on objects at various distances becomes more difficult with age.
- With aging, the eye cannot accommodate to lights of different intensity, and direct sunlight causes problems with glare.
- The ability to distinguish colors declines.
- These changes may combine and lead to disorientation, sudden and frightening visual coulding, and distorted visual images.
- Peripheral vision decreases.

NURSING ACTIONS

Hearing

- Use low tones when speaking to the elderly.
- Allow time enough for the elderly to respond.
- Keep background noise to a minimum.
- Do not shout; it does not help.
- Supplement conversation with written communication.
- Check to see if hearing aid is in and working.

2. Vision

- Keep glasses clean and accessible.
- Supplement regular print with talking books and material in large print Reader's Digest Special Edition.
- Print large #'s on the phone dial.
- Report to supervisor any blurring of vision, etc.
- Caution to turn their heads to look in each direction for traffic when crossing streets.
- Encourage yearly eye exams.

3. *Depth Perception*

- There is often a decreased ability to perceive depth.
- Older persons may bump into stationary objects because they thought they were farther away.
- Frequently, depth perception accounts for messy eating habits – they are not sure where the spoon is in relation to their mouths.
- They may see steps and street curbs, but have difficulty gauging the depth of risers.

4. *Responses to Temperature*

- Decreased ability to feel temperatures is not uncommon.
- Decreased ability to feel pain often occurs.
- There is often decreased ability to adapt to environmental change, such as the decrease or increase in temperature.

5. *Smell and Taste*

- Smell and taste perception lessen with age and may affect appetite.
- There may be decreased ability to detect first scent of smoke from a fire.

Depth Perception

- Keep traffic patterns clear through rooms and leave wide spaces between furniture.
- Make sure furniture has no sharp edges.

Responses to Temperature

- Check the water temperature before the clients gets into a tub or shower.
- Teach the patient to use a bath thermometer.
- Check foods that retain heat; e.g., potatoes, cheese.
- Caution against sitting too close to radiators.

Smell and Taste

- Establish daily hygiene routines.
- Encourage the purchase of a smoke detector.
- Suggest alternatives to seasonings – herbs and spices.

6. *Light Touch and Vibration*

- With age the perception of light touch and vibration gradually decreases.
- They may not feel too tight belts, foreign objects in the eye, wrinkles in the bed.
- Decreased vibration perception is manifested by failure to detect defects in the immediate environment – unsteady footstools, tables.

B. Cardiovascular System

- Valves become thicker and more rigid.
- Vessels become less elastic.
- Blood pressure increases.
- Heart rate slows.
- Sudden stress is not managed well by the aged heart; lesser elevation in pulse rate; prolonged time for return to the previous rate.

C. Respiratory System

- Lungs appear larger due to loss of elasticity.
- Thoracic muscles become more rigid.
- Respiratory muscles are weaker.
- Ciliary action decreases.

These changes interfere with coughing and expectorations in the elderly.

Light Touch and Vibration

- Reach out and touch the elderly when speaking to them.
- Teach them not to wear garters or tight clothing.
- Maintain good oral hygiene.
- Make sure the bed is wrinkle-free.
- Check wheelchair and furniture for proper maintenance.

B. Cardiovascular System

- Avoid overextertion.
- Encourage exercise according to client's limitation, but allow frequent rest periods.
- Caution against wearing constricting clothing.
- Prevent pooling of blood caused by crossing legs.
- Report any complaints of chest, back, or arm pain, shortness of breath; swelling.

C. Respiratory System

- Avoid overextertion.
- Allow frequent rest periods.
- If on bedrest, encourage them to turn, cough, and deep breathe.
- Do not smoke around your clients.
- Caution clients to avoid people with upper respiratory conditions.

Practice Highlighting

Directions: You are going to practice highlighting important information using the sample article, *What is the Patient Abuse Reporting Law?*, on the following page.

Before you begin, review these steps for highlighting:

- Highlight sparingly; highlighting everything is not useful.
- Everyone highlights different information; there is no right or wrong.
- Highlight only what YOU need to remember.
- You can highlight when you're reading or when you're listening.
- Highlight key sentences, words, and phrases.
- Highlight instructor points.
- You want to highlight to get the 'big picture'.

STEP 1 - Now, highlight the sample article while listening to the videotape instructor, Sandy, talk about the topic.

STEP 2 - When the instructor has finished explaining the topic, compare what you've highlighted with your training partners. Ask them how they decided what was important to highlight. Write any new strategies you learned below.

What is the Patient Abuse Reporting Law?

The patient abuse reporting law was enacted to protect patients in residential health care facilities. The law requires that incidents of physical abuse, mistreatment or neglect of patients in residential health care facilities (nursing homes) be reported to the New York State Department of Health's Office of Health System Management (OHSM) for investigation.

What Constitutes Physical Abuse, Mistreatment or Neglect?

Physical abuse means inappropriate physical contact, such as striking, pinching, kicking, shoving, bumping, or sexual molestation.

Mistreatment refers to inappropriate use of medication, isolation, physical restraints or chemical restraints.

Neglect means failure to provide timely, safe, consistent, adequate and appropriate services, care and treatment to patients. These services include nutrition, medication, therapies, sanitary clothing and surroundings and daily living activities.

Who Must Report an Incident?

Every residential health care facility employee, including administrators, operators and all licensed professionals (whether or not employed by a residential health care facility) must report occurrences of patient physical abuse, mistreatment or neglect committed by anyone other than another patient. Failure to report an instance of patient physical abuse, mistreatment or neglect is a violation of the Public Health Law and may be punishable by a fine of up to $2,000. Further, if a health care professional licensed by the State Education Department (e.g., R.N., L.P.N., M.D., etc.) fails to report, the licensing board will be notified and disciplinary action may result.

How is an Individual Protected After Abuse is Reported?

The law prohibits a facility from discharging, discriminating against or harassing an employee, patient, relative or anyone else from making a report in good faith.

How is a Report Made?

Individuals having knowledge or reason to believe that physical abuse, mistreatment or neglect has occurred should call OHSM immediately. Phone numbers for OHSM area offices are listed at the end of this brochure and are posted in each facility. An after hours telephone number is also listed.

In addition to the phone report, the patient abuse reporting law requires that a written report or summary of the incident be filed with OHSM. Report forms are available at residential health care facilities.

What Follows When a Report is Made?

Within 48 hours of receiving the telephone report, OHSM officials begin an onsite investigation into the alleged incidents. The investigation is conducted in a manner that protects the confidentiality of the person who filed the report and safeguards the patients. Anyone who is accused of patient abuse will be notified by OHSM that they are the subject of an investigation and will be given an opportunity to provide information and/or a statement. The investigation report is then reviewed to determine if there is sufficient evidence to find that the incident actually occurred as reported. The accused individual and the facility will be notified of the findings.

What Happens After the Investigation and the Review are Completed?

After investigation and review, anyone heard to have committed patient abuse has a right to request a hearing. The request for a hearing must be made within 30 days.

At the hearing, the accused person can ask that the finding and the record either be amended or destroyed. The accused has the right to be represented by an attorney, to call witnesses, to cross-examine witnesses and to present any additional information that might affect the finding. After the hearing, a decision is made whether to amend or destroy the finding or whether to uphold the finding and levy a fine of up to $2,000.

Using Questions to Learn

Directions: Quickly read over these examples from the videotape. Then do the activity on the following page.

Closed Questions ask for and get specific information:

Question	Answer
How much time does the colostomy irrigation process take?	About an hour.
When is the irrigation done?	At the same time every day.
Would the patient still have to use the pouch?	No.

Open Questions lead to more information:

Question	Answer
What are some more details about a gastrostomy?	A gastrostomy is a surgical opening in the stomach where a stoma is then formed. A tube is then placed through the hole and through the stoma and into the stomach, which allows us to put feedings through. When the tube is not in use, we put a clamp on the end of it.
And how is the tube feeding done?	A tube feed is done by placing a syringe at the end of the tube, which will give us an opening to put the feeding into the syringe and then into the tube, through the stoma and then into the stomach. We like to do it slowly to prevent any type of gas formation.
What are some of the special concerns for the patient with a gastrostomy?	Well, think about it yourself. Usually, people are able to chew food, swallow it, and it goes down through the esophagus and into their stomach. By eating this way, they take small amounts of food at a time which prevents their stomach from bloating up. When they chew food, it goes down into the stomach, and warms up.

Using Questions to Learn (continued)

Directions: Read the questions and answers below. Notice how the closed questions have simple short answers.

Closed Question	**Answer**
Does the Hoyer lift perform a valuable function in helping an Aide do the job?	Yes.
Is it good practice to allow residents to choose their own clothes?	Yes.
Should I try to get a patient who doesn't want to eat, to eat?	Yes.

Directions: Now read the questions below to another trainee. Have them respond, and notice the difference in the answers you get. **Do not write any answers; just listen**.

Open Question

In what ways is the Hoyer lift valuable for patient care?

Why is it important to give residents a choice of what to wear?

What are some ideas for motivating your patients to eat their meals?

Becoming Test Wise

Directions: During your training you will be taking several exams. Below are some examples which may help you during testing time.

Multiple Choice

- Read **only** the question and answer it, in your own words, before looking at the choices. Then read the choices and match your answer.

- Try to eliminate any obviously wrong answer(s).

- You can usually eliminate choices that include words like all, every, none, or never. *For example*:

  The care plan for each resident is:

  a. changed annually after a physical exam
  b. ~~never changed~~
  c. ~~always changed twice a year~~
  d. changed as the needs of the resident change

- Sometimes you can eliminate obvious wrong answers and those that have words like *all, never, every*, or *none*. *For example*:

  A person who is moderately retarded:

  a. ~~will always help with tying shoelaces~~
  b. ~~will never be able to learn to dress himself~~
  c. can learn to dress himself with practice
  d. ~~will not get dressed~~

- If two answers have similar sounding or looking words, it is usually safe to choose one of those. *For example*:

  Other than self-payment, the primary payment source for nursing home care is:

  a. private insurance
  b. Medicare
  c. Medicaid
  d. the Veterans Administration

(Continued)

- If two answers are similar except for one or two words, it is usually safe to choose one of them: *For example:*

  A person whose main function is to assist residents in using their arms and hands is:

  a. the physician
  b. the home health aide
  c. the physical therapist
  d. the occupational therapist

True-False

- If any part of a question is false, the whole question is false. *For example*:

  When talking with vision-impaired Residents, you should identify yourself, say that you are coming in, and speak loudly.

  F

- Also, if there are any words like *always* or *never*, the statement is usually false. *For example*:

  Residents always compare themselves with other residents.

  F

  Nursing home residents are never sexually active.

  F

Matching

- In matching columns, it sometimes helps to read the longer phrases and then match the shorter answers to them.

Short Answer or Fill-In the Blank

- Short answer or fill-in-the-blank questions usually ask for:

  1. definitions
  2. short descriptions
  3. material that has been presented in a list

Continuing to be a Smart Learner

Learning Strategies was developed to ease the learning that's to come in your state mandated clinical training. Now it's up to you to continue to be a smart learner. Learning on your own helps you to take control of yourself, your education, and your life.

Directions: The checklists on the following two pages can help you keep track during your training period—and beyond. Fill in the "**Now**" column and attend to any "**NO**" responses. Then, return to the checklists in three weeks to see how your skills as a learner have developed. Finally, return to the checklists six weeks from now and see if you've continued to be a smart learner.

You may want to tear the checklists out of your Participant Packet and post them in your work area to help keep you focused.

Getting the Most from Skill Development

Before Reading	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I take time to skim materials before reading?	☐	☐	☐	☐	☐	☐
Do I look for titles, sections, and organization?	☐	☐	☐	☐	☐	☐
Do I read underlined, *italicized*, and **bolded** words?	☐	☐	☐	☐	☐	☐
Do I look for definitions?	☐	☐	☐	☐	☐	☐
Do I read first and last paragraphs?	☐	☐	☐	☐	☐	☐

While Reading	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I take notes or highlight?	☐	☐	☐	☐	☐	☐
Do I read materials in charts, diagrams, and boxes?	☐	☐	☐	☐	☐	☐
Do I read and answer summary questions?	☐	☐	☐	☐	☐	☐

While Questioning	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I write down questions I have while I'm reading?	☐	☐	☐	☐	☐	☐
Do I ask questions that I need answered?	☐	☐	☐	☐	☐	☐
Do I ask closed questions to get specific information?	☐	☐	☐	☐	☐	☐
Do I ask open questions to get additional information?	☐	☐	☐	☐	☐	☐

During Lectures	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I take notes on the lectures and handouts?	☐	☐	☐	☐	☐	☐
Do I label my notes: date, topic, speaker's name?	☐	☐	☐	☐	☐	☐
Do I use categories to help organize the material?	☐	☐	☐	☐	☐	☐
Do I listen for clues as to what's important?	☐	☐	☐	☐	☐	☐
Do I pay attention to body language?	☐	☐	☐	☐	☐	☐
Do I highlight what the instructor says is important?	☐	☐	☐	☐	☐	☐

While Taking Notes	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I write down what I think is important?	☐	☐	☐	☐	☐	☐
Do I identify key topics and terms?	☐	☐	☐	☐	☐	☐
Do I reword materials into terms I can remember?	☐	☐	☐	☐	☐	☐
Do I relate new materials to my own knowledge?	☐	☐	☐	☐	☐	☐
Do I use my "shorthand" to make note taking easier?	☐	☐	☐	☐	☐	☐

After Taking Notes	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I recopy or organize notes so they make sense?	☐	☐	☐	☐	☐	☐
Do I highlight vocabulary words and definitions?	☐	☐	☐	☐	☐	☐
Do I review notes soon after a lecture?	☐	☐	☐	☐	☐	☐

For Testing	Now		3 weeks		6 weeks	
	Y	N	Y	N	Y	N
Do I keep up with classwork so I am prepared for tests?	☐	☐	☐	☐	☐	☐
Do I practice my skills so I am prepared for testing?	☐	☐	☐	☐	☐	☐
Do I know what I need to study and practice?	☐	☐	☐	☐	☐	☐
Do I help myself relax before and during a test?	☐	☐	☐	☐	☐	☐
Do I skim the whole test before answering?	☐	☐	☐	☐	☐	☐
Do I read all directions before answering?	☐	☐	☐	☐	☐	☐
Do I practice smart guessing?	☐	☐	☐	☐	☐	☐
Do I leave time for review?	☐	☐	☐	☐	☐	☐

Learner Post-Assessment

How confident are you NOW?

1. On the following scale, rate yourself as a learner:

1	2	3	4	5
I lack self-confidence as a learner.				I have a strong sense of myself as a competent learner.

2. On the following scale, rate your readiness for this training:

1	2	3	4	5
I am not sure if I am ready for this training.				I am confident that I am fully prepared for this training.

3. On the following scale, rate your ability to take notes when someone is giving a lecture:

1	2	3	4	5
I do not have ideas for taking effective notes during a lecture.				I know how to take notes effectively during a lecture.

4. On the following scale, rate your ability to skim material before you read it:

1	2	3	4	5
I am unsure of the way to skim material before I read it to get the big picture.				I know the way to skim material before I read it to get the big picture.

5. On the following scale, rate your ability to highlight key information on written materials while listening to an instructor:

1	2	3	4	5
I am unsure what to highlight to help me remember key information.				I know what to highlight to help me remember key information.

6. On the following scale, rate your understanding of open and closed questions:

1	2	3	4	5
I am not sure how and when to ask open or closed questions.				I understand how and when to ask open or closed questions.

7. On the following scale, rate your knowledge of effective test taking strategies:

1	2	3	4	5
I do not know effective strategies to use for taking tests.				I know effective strategies to use for taking tests.

8. On the following scale, rate your knowledge of effective strategies to reduce test anxiety:

1	2	3	4	5
I do not know how to reduce test anxiety.				I know effective strategies to use to reduce test anxiety.

Add up the total number for all eight and then divide by eight to get a 'confidence' score. Now, compare this score with your 'Pre-Assessment' score—did you gain confidence?

Summary and Closure

Directions: *Write your thoughts in response to the questions below.*

- What did you learn?

- How can you apply it on the job?

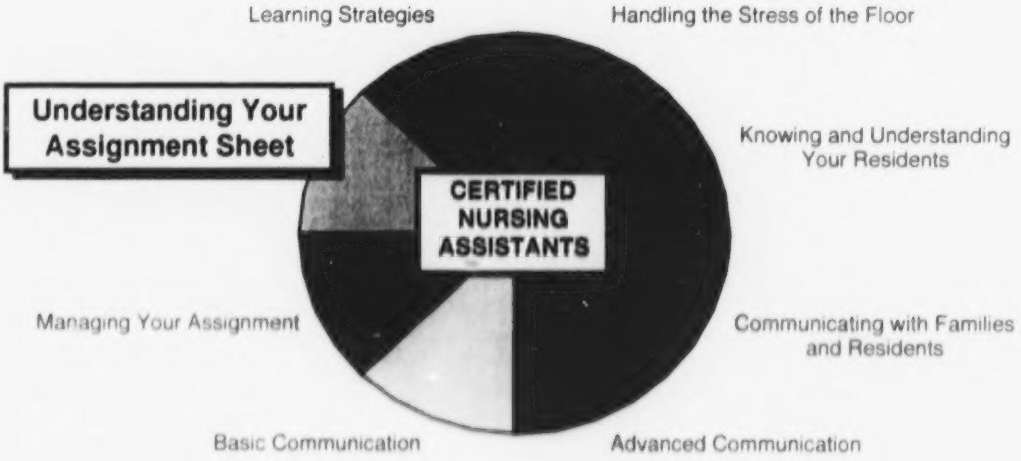
- What can you do to continue learning what you worked on in this module?

The Eddy
A MEMBER OF NORTHEAST HEALTH

UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care



TRAINING PROCESS GUIDE

UNDERSTANDING YOUR ASSIGNMENT SHEET

TRAINING PROCESS GUIDE

Table of Contents

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Attachments:

Sample Assignment Sheet .... (1 page)
Sample Assignment Sheet Translation .... (6 pages)

Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Although a sample 'Assignment Sheet' and its translation is provided with this module, it is recommended that you familiarize yourself with the abbreviations and translations used at the participants' training facilities and obtain appropriate paperwork for duplication.
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Medical Abbreviation Dictionary (recommended)

Participant
Participant Packet
Highlighter, Pencil, Pen
Blank 3' x 5' flash cards
Personal Learner Portfolio (recommended)
Vest Pocket Dictionary (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

UNDERSTANDING YOUR ASSIGNMENT SHEET

Rationale and Goal

The assignment sheet provides specific instructions for the care of each resident. It is the primary document that nursing assistants use on the floor to complete the care of the residents to whom they are assigned during a given shift of work. Therefore, being able to read and understand the assignment sheet quickly and correctly is an essential skill for success in the early stages of employment.

In order for nursing assistants to achieve fluent reading and accurate understanding of the assignment sheets, they must know the meaning of specific abbreviations and terminology on the assignment sheet and "translate" that language into standard, nonmedical statements about care. The goal of this module is to develop such skills for new nursing assistants who are in their first weeks of work.

Learning Objectives

Upon completing this module, participants will be able to

- Recognize and understand the meaning of abbreviations commonly used at long-term-care work sites
- Identify at least two resources available at their work site for determining the meaning of unfamiliar abbreviations
- State and explain the use of specific strategies to learn unfamiliar abbreviations
- Write and state the meaning of all abbreviations on an assignment sheet from their work site
- "Translate" abbreviated directions into complete statements about resident care at their work site
- Draw upon increased workplace-related vocabulary

Competencies

- Developing self-directed learning
- Reading workplace materials
- Writing for the workplace
- Thinking analytically

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE:* If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE:* Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets*. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

[*TRAINER NOTE:* You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. **Give** participants time to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets*. Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment*. You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

Familiar Medical Abbreviations

FOCUS: **To introduce the importance of understanding abbreviated words and phrases and to stress the importance of using *exact* abbreviations**

TIME: **20 Minutes**

TRAINING PROCESS:

[*TRAINER NOTE*: Use newsprint to illustrate points and take notes during discussion as needed]

1. **Lead** a discussion about what abbreviations are by asking participants for examples of abbreviations from everyday life.

   Examples: Mr., St., Mon.

2. **Point** out that general abbreviations are usually followed by a period and that abbreviations in all capital letters usually do not have periods.

   Example: NY, NE, USDOL.

3. **Ask** participants where they have encountered abbreviations on the job.

   Example: assignment sheets, caregiver books, slips on food trays, etc.

   (Be sure responses include: their facility's "Assignment Sheet")

4. **Stress** the importance of understanding the abbreviations on the daily assignment sheet.

5. **Ask** participants for more examples of workplace abbreviations. Record responses in columns on newsprint.

6. **Hand** out CNA Assignment Sheets for the 7 a.m. - 3 p.m. shift. (obtained from the participants' facility or have participants use the sample assignment sheet and translation at the end of their packets).

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[*TRAINER NOTE:* It is important to use the same Assignment Sheet as participants are using on the floor of their facility.]

7. **Ask** for one or two examples of assignment sheet abbreviations *that participants know*.

   Record "abbreviations" and their "full terminology" on newsprint in two columns.

8. **Explain** that abbreviations on assignment sheets, such as days of the week, are often not followed by a period and don't follow capitalization "rules".

9. **Direct** participants to identify and highlight *all* the abbreviations on their assignment sheet *that they already know*.

   [*TRAINER NOTE:* Give participants about five minutes to complete this sheet.]

10. **Ask** each participant to volunteer one abbreviation that s/he highlighted and give the full terminology for it. Record abbreviations and their full terms in columns on newsprint as participants give them.

    - **Explain** the importance of knowing and using the *exact* abbreviation as it appears on the assignment sheets; i.e., use a period only if it is used after the abbreviation on the assignment sheet, and use capital letters as they are used on the sheet.

NOTES: ______________________________

Unfamiliar Medical Abbreviations

FOCUS: **A paired exercise to explore methods for learning abbreviations**

TIME: **35 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 6 of their Participant Packets: "Understanding Your Assignment Sheet 1."

2. **Direct** participants to go through their Assignment Sheet for the 7 a.m. to 3 p.m. shift again, listing all the abbreviations that s/he is not certain of under the "Abbreviation" heading in "Understanding Your Assignment Sheet."

   Explain that participants should be recording single abbreviations and not entire phrases.

   [*TRAINER NOTE:* Walk around as participants work to make sure they are following directions.]

3. **Ask** "How can you find out the meaning of abbreviations you don't know?"

   Some possible answers:

   - Make an educated guess, but check it out (self as a resource).
   - Ask someone, another CNA/NAT, a supervisor (other human resource)
   - Look it up in a reference or glossary (document resource) from the certification training or in a medical book.

4. **Say:** "You will now have an opportunity to use one of these resources--a partner."

5. **Direct** participants to pair for an exercise.

   a) Partners should go over their lists of unknown abbreviations together.

   b) If one partner knows any of the abbreviations, the other may want to write that under the second column.

   [TRAINER NOTE*:* Give partners about 10 minutes to go over their lists together.]

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6. **Conclude** the exercise by discussing the following questions :

   - Do you now know any abbreviations that you didn't before working with a partner?
   - Do you still need to find out any abbreviations on your list? How will you do it?

7. **Refer** participants to page 7-8 in their packets: "List of Abbreviations."

8. **Direct** participants to use the "List of Abbreviations" to complete their "Understanding Your Assignment Sheets" by writing the full term after each abbreviation on their sheets.

9. **Direct** participants to select other unfamiliar abbreviations from the "List of Abbreviations" and add these to their sheets.

10. **Suggest** that participants may want to highlight the abbreviations that they already know on the "List of Abbreviations."

11. **Ask** if anyone has any abbreviations on their sheets that they still do not have terms for. See if any other participants know the terms. If not, give them the terms.

NOTES:

Translations of Abbreviations

FOCUS: **To expand the discussion of abbreviations from knowing terminology to creating meaningful, non-medical statements**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Explain** that there are two steps to becoming competent with assignment sheets:

    1) The first step is to know the full terminology for abbreviations on assignment sheets -*What the abbreviations stand for*? This was the focus of the first part of this module).

        Example: PROM = Passive Range of Motion

    2) The second step to is to be able to "translate" the abbreviated directions into meaningful, non-medical statements - *What does it mean?*

        Example: Passive Range of Motion = moving a resident's extremities as they are not able to do it themselves

2. **Divide** a sheet of newsprint into three columns labeled:

    "Abbreviation" "Terminology" "Meaning"

3. **Ask** participants for some examples of abbreviations and record the abbreviations, the terminology and the meaning across the columns on the newsprint.

    Example: SRX2 = Side Rail times 2 = make sure both side rails are up

    Example: A/P = Apical Pulse = pulse taken at the heart

4. **Direct** participants to pair with someone they don't know very well.

5. **Refer** participants to "Understanding Your Assignment Sheet 2" on page 9 of their packets.

6. **Direct** pairs to translate one or two assignments each from the Assignment Sheet, writing the abbreviation, terminology and meaning on "Understanding Your Assignment Sheet 2"

   [*TRAINER NOTE:* Give about 5 minutes for pairs to complete.]

7. **Direct** each pair to read their translations to the group. Record responses on newsprint.

   [*TRAINER NOTE:* As an option, you may choose to prepare and hand out an "assignment sheet translation," a pertinent list of abbreviations from the assignment sheet that has been "translated" to reinforce what the participants are learning.]

8. **Say**: "If there are still abbreviations you can't translate, don't worry. We're going to take some time now to find out what your best strategy for learning is and apply it to learning abbreviations."

NOTES: ____

Learning Strategies Review

FOCUS: **To enhance participants ability to learn abbreviations by helping them to identify their own learning strategies**

TIME: 20 Minutes

TRAINING PROCESS:

[TRAINER NOTE.: In this section you will be reviewing points covered in the first module, "Learning Strategies."]

1. **Ask** participants if they remember some of the important points covered in the "Learning Strategies" module. Responses should include:
    - People learn new things in many different ways.
    - Each of us may have a different strategy for learning new things.
    - The more we know about our learning strategy, the better and more efficiently we can learn all of the things that will face us as we become comfortable with the job of CNA.

2. **Tell** participants that discovering what their preferred learning strategy is and practicing it should be helpful when they take the 100-hour NAT training.

3. **Refer** participants to pages 10-11 of their Participant Packet: "What Is Your Preferred Learning Style?" and ask participants to complete it.

4. **List** all participant names and corresponding learning strategy on newsprint. Discuss the results as a group and have participants discuss their results with one another for two or three minutes.

5. **Say:** "Now, we're going to practice applying different learning strategies to abbreviations the search for their meanings during our break.

    [*TRAINER NOTE:* Find an abbreviation that none of the participants know the meaning of. Suggestion: HOB (head of bed)]

6. **Say**: "We're about to take a break. While you are on break, I want you to use your preferred learning strategies to find the meaning of ________. Remember: You need to find out both the terminology that the abbreviation stands for and the meaning!"

    [*TRAINER NOTE:* This is a good place to take a 5 - 10 minute break.]

The "Assignment Challenge" Activity

FOCUS: **An activity to reinforce the importance of fully understanding abbreviations, terminology and their meaning as it relates to the assignment sheet**

TIME: **35 Minutes**

TRAINING PROCESS:

1. **Discuss** how participants' search went during the break.

   [*TRAINER NOTE:* Encourage participants to describe the processes they followed as a way to illustrate each learning strategy.]

2. **Tell** participants that the next activity is a game based on teamwork, creativity, and their knowledge of resident care and work-related abbreviations.

3. **Divide** the group into two teams, or into pairs or work individually, depending upon the size of the group.

4. **Explain** the following steps of the game:

   1) Each team will write an assignment for an imaginary resident using abbreviations as appropriate. They may select abbreviations from the "List of Abbreviations," but the abbreviations must be appropriate to the directions for resident care in their facility.

   2) After about 10 minutes, each team writes its "Assignment Challenge" on newsprint for the other team. The team that is being challenged must accurately "translate" the assignment into complete statements.

      The team being challenged must follow these rules:

      a) must work together as a team to "translate" the assignment
      b) may not use the "List of Abbreviations" to solve the challenge
      c) must select someone from the team to write the team's "translation" on newsprint after the entire team has agreed that the "translation" is accurate and complete

   3) The team who presented the "Assignment Challenge" tells whether the challenged team's translation is accurate and complete. If there is disagreement, the trainer is the final decision maker.

[*TRAINER NOTE:* Circulate among the teams as they are working to verify that they are developing viable, authentic assignments. When each team has developed its "Assignment Challenge," call the teams back together and begin the "Challenge." Repeat the process as many times as time allows or as seems useful to the participants. A suggestion for those who get done with their translations sooner than the rest is to have them work on "reverse translations" working from the definition back to the abbreviation.]

5. **Direct** participants to pair with someone from the other team.

6. **Hand** out a pile of blank 3" x 5" index cards to each participant.

7. **Direct** participants to write abbreviations they do not know on one side of the card and the translation on the other.

8. **Direct** participants to help each other by flashing the cards to each other.

NOTES: ______________________________

Summary and Closure

FOCUS: **To summarize key ideas and review the *Learning Objectives* of the module**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Ask** participants to complete the *Learner Post-Assessment* on page 13 of their packets.

   [*TRAINER NOTE*: You have two choices at this time . . . you may read off the answers from the *Learner Assessment: Answer Key* at the end of this Guide and have participants self-correct and compare scores with their *Learner Pre-Assessment*, or score the assessments later and then meet with participants to discuss. You may want to have participants tear out this sheet and store it in their Personal Learner Portfolios.]

2. **Review** key ideas of the module:

   - It is essential to know and use *exact* abbreviations in a direct care setting.
   - The two steps for working competently with abbreviations are to know the terminology and understand the meaning.
   - Each of us has our own preferred learning style.

3. **Ask:** "Have the objectives for this module been met? Do you now have the skills listed on the *Learning Objectives* page at the front of your packets?"

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them to understand their assignments.

5. **Refer** participants to page 14 in their packets and request that they take 5 minutes to fill out the *Summary and Closure* sheet.

6. **Explain** that this is a time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about 5 minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share some points from the paired sharing with the rest of the group.

9. **Ask** participants to share new vocabulary words, encouraging everyone to offer at least one word.

10. **Point** out that the participants will need to take responsibility for continuing to learn the meaning of unfamiliar work-related abbreviations and for being able to "translate" abbreviated directions on their assignment sheets. State that the participants now have strategies to be self-directed learners.

11. **Direct** participants to put their *Summary and Closure* and *Vocabulary Discovery* sheets into their Personal Learner Portfolio.

12. **Collect** Personal Learner Portfolios.

13. **Thank** and acknowledge everyone for their participation and conclude the session.

NOTES:

Learner Assessment: Answer Key

A. *__Scoring Directions__*: ***Give 10 points for each correct answer or 5 points for a partially correct answer, as stated below:***

1. **q = every**
2. **ADLs = activities of daily living**
3. **ROM = range of motion**
4. **SRx2 = two side rails up**
5. **OOB = out of bed**

B. *__Scoring Directions__*: ***Give 10 points for any reasonable learning strategy.***

C. *__Scoring Directions__*: ***Follow point system indicated with each item***

1. **toilet q 2 hrs.** = *I need to take this resident to the bathroom every two hours.*

- I need to
- this resident
- take/bring to the bathroom, or take/bring to the toilet
- every
- two hours

Give 5 points if answer includes **all five** components listed above or acceptable substitutions; 4 points for **four**; 3 points for **three**; 2 points for **two**; 1 point for **one**.

2. **PROM LLE x 5 q am** = *I need to move the resident's lower left leg five times every morning. The resident is not able to help.*

- I need to
- move, or exercise
- the resident's
- lower left leg
- five times/repetitions
- every
- morning
- is not able to help

Give 5 points if answer includes **all eight** components listed above or acceptable substitutions; 4 points for **seven**; 3 points for **five**; 2 points for **three**; 1 point for **two.**

3. **A 1 S/P Super** = *I need to supervise the resident when moving him/her from bed to chair (chair to bed). Sometimes s/he needs assistance.*

- I need to
- the resident
- when moving
- from bed to chair/chair to bed
- sometimes I will need to assist him/her in moving

Give 5 points if answer includes **all five** components listed above or acceptable substitutions; 4 points for **four**; 3 points for **three**; 2 points for **two**; and 1 point for **one**.

NURSE AIDE ASSIGNMENTS (Diagnosis which affects Resident's Care Plan)

RESIDENT: ________________ **ROOM:**

BED MOBILITY
I S L [✓ E] T
_ Positions self
_ Verbal cueing to turn
✓ Assists with turning
_ Cannot move in bed
  ✓ Siderail(s) up
  _ At night only
  ✓ At all times when in bed
✓ Positioning Plan q2
✓ Lift Sheet

EATING
I S [✓ L] E T
✓ Set up tray
_ Blind tray setup
_ Assistive devices
✓ To D.R. B L S
✓ Nourish. @ ✓ AM ✓ PM
✓ Low Salt Foods
_ No high sugar foods
_ Allergic to ____________
_ Frequent Fluids
_ Restrict Fluids
_ Intake/Output
✓ ** Special Feeding Program L:/Supper

MOUTHCARE
I S L E [✓ T]
_ Dentures U L
_ No teeth
_ No dentures

COMMUNICATION
HEARING:
_ Hard of Hearing _ L _ R
_ Total Deafness
_ Hearing Aid _ L _ R
_ Amplifier

SPEECH:
_ Expressive problem
_ Cannot speak
_ Does not understand
_ Speaks foreign lang: ____________
_ Writes messages
_ Other com. Device: ____________

PARALYSIS,BRACES, SPLINTS
Weakness/Paralysis
_ L side
_ R side
✓ Contractures
Sites: Hip

*Braces/Splints
_ L leg/foot
_ R leg/foot
_ L arm/hand
_ R arm/hand
✓ *ROM Regime

TRANSFER
I S L [✓ E] T
_ P/S & P
✓ P/S & P
_ P/Lift
_ P/Hoyer Lift
_ * Assistive Equipment

TOILET USE
I S L [✓ E] T
_ May leave alone on toilet
✓ Bathroom x a . p each meal
_ Commode x ___.
_ Urinal x ___.
✓ Bedpan x q2-4 in bed
_ Chair pad
_ Cloth diaper M L
✓ Attends: S [✓ M] L
_ *Toileting Schedule
✓ Inc. pad on bed
BLADDER:
_ Continent x ___
✓ Incontinent x ___
_ Catheter F I E
_ *Bladder Rehab
BOWEL:
_ Continent x ___.
✓ Incontinent x ___
_ Bowel Regime
_ Bladder Rehab

BATHING
I S L E [✓ T]
[✓ Shower] C-tub Tub Bed
Day(s) Mon Shift 3-11
Resident does:
_ Face
_ Hands
_ Arms
_ Upper trunk
_ Legs
_ Lower trunk
_ Feet
Wash hair with bath: ✓ Y _ N

MENTAL STATUS
_ Oriented x ____________
✓ Disoriented ____________
_ Confused
  _ At times
  _ Always
_ Forgetful
_ Verbal agitation
_ Physically combative
_ Wanders
_ Depressed
_ *Behavior Mgmt Plan

VISION
I S L E T
Poor vision _ L _ R
_ Legally blind
_ Total Blindness
_ Reading glasses
✓ Glasses at all times
_ Extra lighting to read
_ Contact lenses
_ Artificial eye

LOCOMOTION
I S L E [✓ T]
_ Ambulates on unit
  _ Ft. x _ D E N Shifts
_ * Assistive Devices used
_ Recliner
_ Geri-chair
✓ Wheelchair
  _ Propels self
  _ Propels self short distances
  ✓ Push resident at all times
_ *Positioning Plan

PERSONAL HYGIENE
I S L E [✓ T]
Resident does
_ Comb/Brush Hair
_ Shaves ___ Face
_ Hands
_ Wear makeup:
_ applies own _ staff apply

FOOT CARE
_ Foot Soaks
_ *Protective foot wear
_ *Foot care

SAFETY
_ Bed alarm
_ Chair tray
_ Chair belt
_ Floormat/bed
✓ Bedrail(s)
  _ One side
  _ Two sides
_ Resident restraint
_ Lap buddy
_ Wander Guard Alarm

SKIN CARE
✓ Routine
_ *Special
_ Sun Sensitivity
_ Pressure Sore
Site: ____________
_ *Pressure Risk ___

DRESSING
I S L [✓ E] T
✓ Resident chooses own clothes
_ Layout clothes
_ Buttons clothing
✓ Puts 2 arm(s) in sleeves
_ Dresses upper body
_ Puts _ leg(s) in pants
_ Dresses lower body
_ Puts own stockings on
_ Puts own shoes on

TREATMENTS
VITALS: ____________

Granulex spray to heels QS

Weight 1st & 3rd Mon 3-11

"TRANSLATION" OF NURSE AIDE ASSIGNMENT SHEET

ISLET:

Independent - **S**upervision - **L**imited Assistance - **E**xtensive Assistance - **T**otal Dependence

BED MOBILITY

I S L ***E*** *T* This resident cannot turn or move about in bed by herself. You need to give her extensive assistance with any moving about in bed.

Positions self: (If not checked:) She cannot position herself in bed.

Verbal cueing: (If not checked:) You do not need to give her any verbal cues because she cannot turn herself.

Assists with turning: You need to help her turn from side to side or to sit up in bed.

Cannot move in bed: This resident cannot move in bed by herself.

Siderails up: Put both siderails up

At night only: You only need to put the siderails up at night.

At all times when in bed: Put both siderails up any time she is in bed.

Positioning Plan q2: Change her position every two hours.

Lift sheet: Use a lift sheet when you're changing her position.

TRANSFER

I S L ***E*** *T* This resident cannot move from the bed to a chair by herself. You need to
give her extensive assistance to get out of bed, to move from one chair to another, or
to get on or off the toilet.

1 P/S & P: This resident can stand and turn if one person helps her.

2 P/S & P: For your safety and the resident's safety, you need to have another person help you when you transfer her. This resident can stand and turn when two people are helping her, one on each side.

2 P/Lift: For your safety and the resident's safety, you need to have another person help you when you use a Lift with this resident.

2 P/Hoyer Lift: For your safety and the resident's safety, you need to have another person help you when you use a Hoyer Lift with this resident.

LOCOMOTION

I S L ***E*** *T* This resident cannot walk. You need give her total assistance to move about the unit.

Recliner: She sits in a recliner when she is out of bed.

Geri-chair: She sits in a Geri-chair when she is out of bed.

Wheelchair: She uses a wheelchair when she is out of bed.

__ *Propels self:* This resident can move the wheelchair by herself.

__ *Propels self short distances:* This resident can move the wheelchair by herself for short distances. However, you need to push her for longer distances.

__ *Push resident at all times:* You need to push her because she cannot move the wheelchair by herself.

Positioning Plan :

DRESSING

I S L ***E*** *T* This resident cannot dress herself. You need to give her extensive assistance with getting dressed.

Resident chooses own clothes: She can choose her own clothes. Encourage her to make choices between two different dresses, e.g., "Would you like to wear the blue dress or the red one?"

Lay out clothes: This resident can dress herself if you lay out the clothes she is going to wear.

Buttons clothing : Encourage her to button her clothing by herself.

Puts 2 arms in sleeves: Encourage her to put her arms in the sleeves by herself.

Dresses upper body: Encourage her to dress her upper body by herself.

Puts own stockings on: Encourage her to put her stockings on by herself.

Puts own shoes on: Encourage her to put her shoes on by herself.

EATING

I S ***L*** *E T* This resident cannot feed herself entirely. You need to give her limited assistance.

Set up tray: Set up her meal tray by opening the containers, cutting up her meat, and unwrapping her silverware. Give her any other help she needs such as buttering her bread.

Blind tray set up : This resident cannot see. You will need to identify the food and its location on her meal tray. Tell her where things are and what things are.

Assistive devices: This resident uses special tools during mealtime. These would include things like a plate guard. A plate guard is a plastic ring which holds the plate in one place on the tray or table so it can't move around and provides an edge for the feeder or the resident to scoop food up against. Other tools may include specially designed utensils that are easier to grasp, depending on the resident's disability.

To D.R. B L D: Take her to the dining room for all three meals.

Nourish. @ ___ AM ___ PM: Make sure that she gets her morning and afternoon nourishments.

Low salt foods: She is on a low-salt diet.

No high sugar foods: This resident's diet is restricted. She cannot have any concentrated sweets. regular sugar or desserts. She's using a sugar substitute. This resident may not be a diabetic; however, eating these foods may make her sick. (Don't give her a cookie!!)

Allergic to _______ : This resident may become sick if they eat foods that they are allergic to. Your responsibility is to check the tray to be sure these foods aren't on there.

Frequent Fluids: You should offer additional liquids to this resident, i.e., water, juice, several times throughout the day.

Restrict Fluids: This resident has a doctor's order to limit the fluids she drinks. Make sure that there is no water pitcher at her bedside. Also you will need to keep track of what fluids she drinks on your shift and report it to the Charge Nurse.

Intake/Output: Record what she drinks her urinary output on your shift. Write it in your Caregiver Record and report it to the Charge Nurse.

***Special Feeding:* The Speech Pathologist has designed a special way to feed this resident. Check for these instructions on the Swallowing Guide.

Program: 1:1 Supr.: You need to supervise her while she is eating to make sure so that she completes her meal. Give her any assistance she needs.

TOILET USE

*I S L **E** T* to give — This resident cannot tell you when she needs go to the bathroom. You need her extensive assistance to get to and from the bathroom.

May leave alone on toilet: This resident is safe left alone in the bathroom on the toilet. Give the resident her privacy. She will ring the call bell when she needs you.

Bathroom x a p meal: Bring her to the bathroom before and after each meal.

Commode x ____: This resident uses a bedside commode instead of the bathroom

q 2-4 = every 2-4 hours
shift = Every shift
hs = at bedtime

*Urinal x*____: This resident uses a urinal instead of the bathroom in his room. Usually this is at bedtime.

Bedpan x q 2-4 : Give her the bedpan every two to four hours while she is in bed

Chair pad: This resident is incontinent. You will need to place an incontinent pad on her chair and check it for dryness at least every two hours.

*Attends S **M** L*: Put medium sized Attends on her during the day

Toileting Schedule: While it is routine to offer the toilet each re. every two hours, this resident has specific times designated to keep her dry and her skin in tact. You can get the specifics of the toileting schedule from the Charge Nurse.

Inc. pad on bed: Put a pink incontinent pad on her bed at night

Bladder

*Continent x*_____: This resident can tell you when she needs to use the bathroom (to urinate).

Incontinent x _____: This resident is unaware of when she has to go to the bathroom to void.

Catheter: I E *I* = indwelling: it doesn't come out

E = external: a condom used for men

This resident needs a urinary catheter to empty her bladder. You will need to empty the catheter bag at the end of your shift and report the amount to the Charge Nurse. She'll tell you where to write the information. It's important to observe and report the condition of this resident's skin condition around the catheter. If you notice that there is no urine in the bag at any point in the shift, report it immediately to the Charge Nurse.

Bladder Rehab.: A special program has been designed for this resident in an effort to retrain her bladder and avoid incontinence. The Charge Nurse will describe the program for you.

Bowel

Continent x____: This resident can tell you when she needs to use the bathroom (to have a bowel movement).

Incontinent x _____: This resident is unaware of when she has to go to the bathroom for a bowel movement.

Bowel Regime: A special program has been designed for this resident in an effort to avoid incontinence. The Charge Nurse will describe the program for you. We're hoping to get them regulated so that their bowel movements are somewhat predictable and to avoid constipation or loose stools.

PERSONAL HYGIENE

I S L E ***T*** This resident cannot groom herself. You need to give her total assistance with her personal hygiene. She cannot participate at all.

Comb/Brush Hair: You need to comb and brush her hair

Shave: You need to shave him. ___ *Face:* You need to wash her face

Hands: You need to wash her hands.

Wear makeup: (If not checked): She does not wear makeup

___ *applies own:* This resident puts on her makeup by herself

___ *staff apply:* You need to put her makeup on for her

MOUTH CARE

I S L E ***T*** This resident cannot brush her own teeth. You need to give her total assistance.

Dentures U L: She wears upper and lower dentures.

No teeth: This resident has no teeth and does not use dentures.

No dentures: This resident does not have dentures.

BATHING

I S L E **T** This resident cannot bathe herself. You need to give her total assistance.

Shower: This resident is scheduled for a shower

C-tub: This resident is scheduled for a whirlpool bath.

Bed: Give this resident her morning and evening care in bed.

Days _MON_ *Shift* _3-11_ Give her a shower every Monday on the evening shift.

Bathing

The resident does [Face through Feet]: (If not checked): The resident cannot wash her face, hands, arms, upper trunk, legs, lower trunk, or feet.

Wash hair with bath _x_ *Y* _ *N* : Wash her hair when you're giving her a shower

FOOT CARE

This resident does not need any special foot care.

VISION

This resident cannot see without her glasses. Make sure she is wearing her glasses when she is awake.

COMMUNICATION

(If no checks): This resident doesn't have a hearing or speech problem.

HEARING

Hearing Aid (If not checked): She doesn't need a hearing aide.

Amplifier (If not checked): She doesn't need or an amplifier.

SPEECH

(If no checks): She understands what you tell her.

MENTAL STATUS

Disoriented: This resident is disoriented. She doesn't know where she is, what time it is, or who you are.

Confused: (If not checked): She is not confused.

Forgetful: (If not checked): She is not forgetful.

Verbally agitation: (If not checked): She does not get verbally agitated.

Physically combative: (If not checked): She is not physically combative.

Wanders: (If not checked): She doesn't wander.

Depressed:: (If not checked): She is not depressed.

**Behavior Mgmt Plan:* (If not checked): She is not on a Behavior Management Plan

SAFETY

(This category tells you what safety devices you need to care for this resident.)

Bed alarm: (If not checked): She doesn't need a bed alarm.

Chair tray: (If not checked): She doesn't need a chair tray.

Chair belt: (If not checked): She doesn't need a chair belt.

Floormat/bed: (If not checked): She doesn't need a floor mat near her bed.

Bedrail(s): Put both bed rails up at night and any time she is in bed.

_____ *One side*

_____ *Two sides*

Resident restraint: (If not checked): She doesn't need a waist restraint.

Lap buddy: (If not checked): She doesn't need a lap buddy.

Wander Guard Alarm: (If not checked): She doesn't need a Wander Guard Alarm.

PARALYSIS, BRACES, SPLINTS

Weakness/Paralysis
Contractures: This resident has contractures.

Sites: Her hips are contracted. This means that the bones in her hips are stiff and stuck. Be careful when you move her as her hips might also be painful. Do not extend her legs past her limitations

* *Braces/Splints*:
(If not checked): She does not wear any braces or splints.

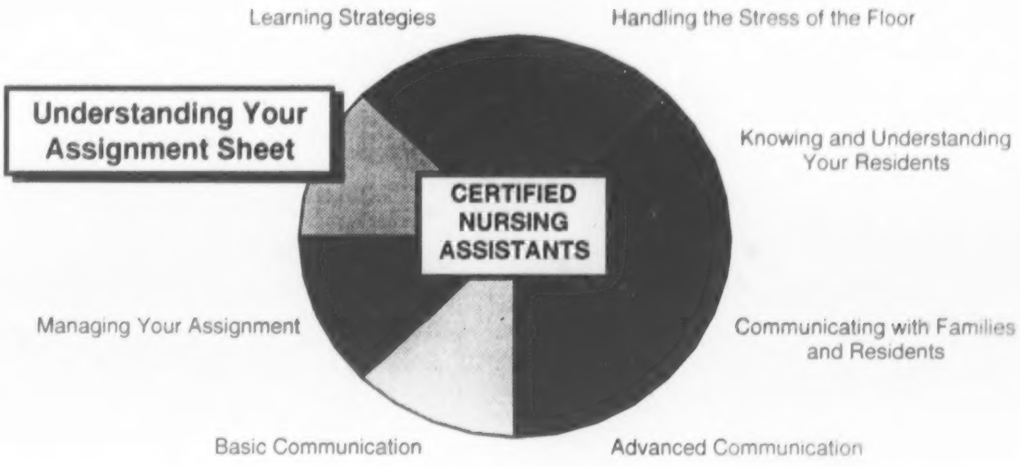
**ROM Regime*: You need to do active and passive range-of-motion exercises on her hips and shoulders while you are giving her morning care. Do this three to five repetitions every morning.

The Eddy
A MEMBER OF NORTHEAST HEALTH

UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

PARTICIPANT PACKET

UNDERSTANDING YOUR ASSIGNMENT SHEET

PARTICIPANT PACKET

Table of Contents

- **Learning Objectives** 1
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- **List of Abbreviations** 7
- **Understanding Your Assignment Sheet - 2** 9
- **What Is Your Preferred Learning Style?** 10
- **Learner Post-Assessment** 11
- **Summary and Closure** 12

Attachments:

Sample Assignment Sheet .... *(1 page)*
Sample Assignment Sheet Translation .... *(6 pages)*

Learning Objectives

Understanding Your Assignment Sheet

Upon completing this module, you will be able to:

- **Recognize and understand the meaning of abbreviations commonly used at long-term-care work site**
- **Identify at least two resources available at your work site for determining the meaning of unfamiliar abbreviations**
- **State and explain the use of specific strategies to learn unfamiliar abbreviations**
- **Write and state the meaning of all abbreviations on an assignment sheet from your work site**
- **'Translate' abbreviated directions into complete statements about resident care at your work site**

Personal Contract

Directions: *Write down your thoughts before you start this module.*

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

Vocabulary Discovery

Directions: During the course of this module, write below any new words or abbreviations you have learned and their meaning.

Learner Pre-Assessment

Part A.
Directions: *Write the meaning of the following abbreviations in the space provided.*

1. **q** ______________________________
2. **ADLs** ______________________________
3. **ROM** ______________________________
4. **SRx2** ______________________________
5. **OOB** ______________________________

Part B.
Directions: *List two strategies that new nursing assistants can use to learn the meaning of job-related abbreviations.*

1. ______________________________
2. ______________________________

Part C.
Directions: *Rewrite the following directions from an assignment sheet using non-medical words. Write the directions as full statements that clearly describe the care that you need to provide for the resident. Include the phrases "I need to" and "this resident" in each statement.*

Example:
x. Shower Thurs 7-3
"Translation": *I need to give this resident a shower on Thursdays during the 7-3 shift.*

1. **toilet q 2 hrs.**

____

2. **PROM LLE x5 q am**

____

3. **A 1 S/P Super**

____

100

Learning Strategies Review

We are interested in how you're doing with the learning strategies presented in the video that you viewed early in your training. Please check the box that best indicates how you've been doing in and out of class over the last few weeks.

1. Have you taken care of yourself and things at home so you can be ready for class and/or work? Yes___ No___
2. Have you looked over materials and practiced skills on your own? Yes___ No___
3. Have you taken notes on lectures or handouts you thought were important? Yes___ No___
4. Have you organized, skimmed, or highlighted notes soon after a lecture? Yes___ No___
5. Have you kept up with classwork to be prepared for written and skills tests? Yes___ No___
6. Have you been able to relax during tests? Yes___ No___
7. Have you skimmed materials before reading? Yes___ No___
8. Have you taken notes on your reading? Yes___ No___
9. Have you highlighted your reading? Yes___ No___
10. Have you written down questions that you needed answered? Yes___ No___
11. Have you asked questions that you needed answered? Yes___ No___
12. Have you paid attention to body language during lectures? Yes___ No___
13. Have you labeled your notes? Yes___ No___
14. Have you been able to keep up with class work? Yes___ No___
15. Have you been able to manage your time? Yes___ No___
16. Have you been able to use *Learning Strategies* in the training? Yes___ No___
    If not, why not?____
17. Have your ideas about the job changed? Yes___ No___
    If yes, in what ways?_______________________________________
18. Do you anticipate barriers to performing the job successfully? Yes___ No___
    If yes, please explain_______________________________________
19. Do you anticipate any problems in completing the training?. Yes___ No___
    If yes, please explain_______________________________________
20. Do you anticipate any problems in passing the certifying exam?. Yes___ No___
    If yes, please explain_______________________________________

Understanding Your Assignment Sheet - 1

Abbreviation	**Full Terminology** (what it 'stands for')

List of Abbreviations

A

a - before
AAROM - active assisted range of motion
abd - abdomen
a.c. - before meals
AD - Alzheimer's Disease
ADL - activities of daily living
ad.lib - as much as needed/desired
AKA - above the knee amputation
ALC - alternative level of care
a.m. - morning
amb - ambulation
a/p - apical pulse (pulse taken at the heart)
AROM - active range of motion
ASAP - as soon as possible
ASHD - arteriosclerosis heart disease

B

bid - twice daily (2 times a day)
BKA - below the knee amputation
BM - bowel movement
BP - blood pressure
BRP - bathroom privileges
BS - blood sugar

C

c̄ - with
Ca - cancer or carcinoma
cap - capsule
cath - catheter or catheterize
CBC - complete blood count
cc - cubic centimeter
CHF - congestive heart failure
CNS - central nervous system
c/o - complains of
COPD - chronic obstructive pulmonary disease
cont - continuous
CPR - cardio-pulmonary resuscitation
C&S - culture and sensitivity
CT - CAT scan
CVA - cerebrovascular accident
CXR - chest X-ray

D

D/C(d/c) - discharged (D/C) or discontinued (d/c)
DOA - dead on arrival
Dr. - doctor
dsg - dressing
DVT - deep vein thrombosis

E

EEG - electroencephalogram
EKG, ECG - electrocardiogram
ENT - ear, nose, and throat
ER - emergency room

F

FBS - fasting blood sugar
f/u - follow up
FWB - full weight bearing
Fx - fracture

G

GI - gastrointestinal
Gm - gram
gtt - drops
gr - grain
GU - genitourinary
gyn - gynecology

H

h - hour
(H) - hypodermic
Ht - height
H_2O - water
HIV - human immunodeficiency virus
HOB - head of bed
hs, H.S. - hour of sleep; bedtime

I

I & O - intake and output
ICU - intensive care unit
IM - intramuscular
IV - intravenous

K

Kg - kilogram

L

lab - laboratory
L - liter
LLE - left lower extremity
LLL - left lower lobe (lung)
LLQ - left lower quadrant (abdomen)
LUE - left upper extremity
LS - lumbar spine

M

MI - myocardial infarction
Mn - midnight
MOM - milk of magnesia
MWB - minimal weight bearing (e.g., fractured hip)

N

N & V - nausea and vomiting
NCS - no concentrated sweets
NAS - no added salt
NH - nursing home
NHP - nursing home placement
NKA - no known allergies
noc - night
nour - nourishments
NPO - nothing by mouth
NWB - non weight bearing

O

O - oral
O_2 - oxygen
O.D. - right eye
OOB - out of bed
O.S. - left eye
os - mouth
OT - occupational therapist
O.U. - both eyes
oz - ounce

P

p - after
pc - after meals
per - as by
p.m. - afternoon and evening
p.o. - by mouth
PRI - patient review instrument
prn - as necessary, whenever necessary
PT - physical therapy
pt. - patient
PWB - partial weight bearing

Q

q. - every
q.am - every morning
q.d. - every day
q.h. - every hour
q.h.s. - every night at bedtime
q.i.d. - four times daily
q2h - every two hours
q4h - every four hours
q.o.d. - every other day

R

R - rectal
R.D.A. - recommended dietary allowances
Rehab - rehabilitation
Resp - respirations
RLE - right lower extremity
RLL - right lower lobe (lung)
RLQ - right lower quadrant
R/O - rule out
ROM - range of motion
RUE - right upper extremity
Rx - prescription/treatment

S

s - without
S&A - sugar and acetone
SBQC - small base quad cane
SNF - skilled nursing facility
SOB - short of breath
spec - specimens
SPT - standard pivot transfer
S.S. - social services
S/S - side to side
SSE - soap suds enema
stat - immediately
sub q - subcutaneous (injection)
supp - suppository
SW - social worker

T

tab - tablet
tbsp - tablespoon
TF - tube feeding
THR - total hip replacement
t.i.d. - three times a day
TLC - tender loving care
T&P - turn and position
TPR - temperature, pulse, and respiration
tsp - teaspoon
TTWB - toe touch weight bearing

U

UA - urinalysis
UGI - upper gastrointestinal
ung - ointment
URI - upper respiratory infection
UTI - urinary tract infection

V

Vag - vaginal
VC - verbal cues
V.D. - venereal disease
VS (vs) - vital signs

W

WBAT - weight bearing as tolerated
Wc (w/c) - wheelchair
WNL - within normal limits
Wt - weight

Understanding Your Assignment Sheet - 2

Abbreviation	Full Terminology (what it "stands for")	Translation (what it means)

What Is Your Preferred Learning Style?

Directions

Read each statement. If you think the statement describes you, place a ✓ in the blank. Do not think about the statements too long. Your first thought is usually best. There is no right or wrong.

Set 1

_____ 1. I like to read when I have free time at home or work.
_____ 2. I would rather read a report than be told what is in it.
_____ 3. I understand information best when I read it.
_____ 4. I remember something I read better than something I hear.
_____ 5. I would rather read the newspaper for news than watch the news on TV.
_____ 6. I would rather read the directions than be told how to make something.

_____ **Total number checked**

Set 2

_____ 1. I take notes when I read to help me understand the material.
_____ 2. I remember things best if I write them down or make a list.
_____ 3. I like to take notes at lectures to help me remember things.
_____ 4. I make fewer mistakes when I write than when I speak.
_____ 5. I find the easiest way to remember my schedule is to write it down.
_____ 6. I find it easier to write directions down for people than to tell them.

_____ **Total number checked**

Set 3

_____ 1. I enjoy listening to people discuss things.
_____ 2. I remember more from hearing the news than reading about it.
_____ 3. I generally remember what I hear.
_____ 4. I would rather watch a TV show or movie based on a book than read the book itself.
_____ 5. I learn better by listening to a lecture than by taking notes from a textbook on the same topic.
_____ 6. I learn to do something better if someone tells me how, rather than read about it myself.

_____ **Total number checked**

Set 4

_____ 1. I remember information better when I talk about it out loud to myself.
_____ 2. I talk to myself when I try to solve problems.
_____ 3. I communicate better on the telephone than I do in writing.
_____ 4. I like learning best when I discuss the materials with other people.
_____ 5. I understand material better when I read it out loud.
_____ 6. I remember how to do something best if I repeat the directions to myself several times.

_____ **Total number checked**

Set 5

_____ 1. I can "see" words in my mind's eye when I need to spell them.
_____ 2. I picture what I read.
_____ 3. I can remember something by "seeing" it in my mind.
_____ 4. I remember what the pages look like in books I've read.
_____ 5. I remember people's faces better than I remember their names.
_____ 6. I remember directions to someplace best if I picture in my head where I am going.

_____ **Total number checked**

Set 6

_____ 1. I like to make things.
_____ 2. I would rather do activities than read about them.
_____ 3. I learn better by handling things while I am learning.
_____ 4. I find it hard to sit still to study or listen to a lecture.
_____ 5. I like to solve problems with a trial-and-error, rather than with a step-by-step, method.
_____ 6. I think better when I am free to move around.

_____ **Total number checked**

Material adapted from "Help Yourself: How to Take Advantage of Your Learning Styles," by Gail M. Sonbuchner, New Readers Press, Syracuse, NY, 1991.

Scoring and Interpreting the Preferred Learning Style Inventory

We all learn in many different ways. The inventory is designed to help the user recognize his/her strongest or preferred learning style(s). Look over the inventory. You probably have some check marks in each of the sets, but more check marks in one or two sets.

If you had three or more check marks in:

- Set 1: **Reading** is one of your preferred learning styles. You like to learn information by reading about it.
- Set 2: **Writing** is one of your preferred learning styles. You like to learn by expressing yourself in written form.
- Set 3: **Listening** is one of your preferred learning styles. You learn well from hearing things explained.
- Set 4: **Speaking** is one of your preferred learning styles. You learn easiest when you can express yourself out loud.
- Set 5: **Visualizing** is one of your preferred learning styles. You learn well when you can picture what you are learning in your mind, when your brain takes a "photograph" of what you are learning.
- Set 6: **Hands On - Active** is one of your preferred learning styles. You like to be able to move around when you are learning; you learn well when you can handle the things you are learning about.

Learner Post-Assessment

Part A.
Directions: *Write the meaning of the following abbreviations in the space provided.*

1. **q**
2. **ADLs** ____
3. **ROM** ____
4. **SRx2** ____
5. **OOB** ____

____

Part B.
Directions: *List two strategies that new nursing assistants can use to learn the meaning of job-related abbreviations.*

1.
2. ____

____

Part C.
Directions: *Rewrite the following directions from an assignment sheet using non-medical words. Write the directions as full statements that clearly describe the care that you need to provide for the resident. Include the phrases "I need to" and "this resident" in each statement.*

Example:
x. Shower Thurs 7-3
"Translation": *I need to give this resident a shower on Thursdays during the 7-3 shift.*

1. **toilet q 2 hrs.**

____

2. **PROM LLE x5 q am**

____

3. **A 1 S/P Super**

____

Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair up with another person and share your thoughts with your partner. When you are done, put this page in your Personal Learner's Portfolio.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

NURSE AIDE [illegible]GNMENTS (Diagnosis which affects Resident's Care Plan)

RESIDENT: ______ **[illegible]OOM:**

BED MOBILITY

I S L [✓ E] T

_ Positions self
_ Verbal cueing to turn
✓Assists with turning
_ Cannot move in bed
  ✓Siderail(s) up
  _ At night only
  ✓At all times when in bed
✓Positioning Plan q2
✓Lift Sheet

EATING

I S [✓ L] E T

✓Set up tray
_ Blind tray setup
_ Assistive devices
✓To D R B L S
✓Nourish @ ✓AM ✓PM
✓Low Salt Foods
_ No high sugar foods
_ Allergic to ______
_ Frequent Fluids
_ Restrict Fluids
_ Intake/Output
✓** Special Feeding Program L:/Supper

MOUTHCARE

I S L E [✓ T]

_ Dentures U L
_ No teeth
_ No dentures

COMMUNICATION

HEARING
_ Hard of Hearing _ L _ R
_ Total Deafness
_ Hearing Aid _ L _ R
_ Amplifier

SPEECH
_ Expressive problem
_ Cannot speak
_ Does not understand
_ Speaks foreign lang ______
_ Writes messages
_ Other com Device ______

PARALYSIS,BRACES, SPLINTS

Weakness/Paralysis
_ L side
_ R side
✓Contractures
Sites Hip

*Braces Splints
_ L leg/foot
_ R leg/foot
_ L arm/hand
_ R arm/hand
✓*ROM Regime

TRANSFER

I S L [✓ E] T

_ P/S & P
✓P/S & P
_ P/Lift
_ P/Hoyer Lift
_ * Assistive Equipment

TOILET USE

I S L [✓ E] T

_ May leave alone on toilet
✓Bathroom x a . p each meal
_ Commode x ___
_ Urinal x ___
✓ Bedpan x q2-4 in bed
_ Chair pad
_ Cloth diaper M L
✓ Attends S [✓ M] L
_ *Toileting Schedule
✓ Inc pad on bed

BLADDER
_ Continent x ___
✓ Incontinent x ___
_ Catheter F I E
_ *Bladder Rehab

BOWEL
_ Continent x ___
✓Incontinent x ___
_ Bowel Regime
_ Bladder Rehab

BATHING

I S L E [✓ T]

[✓ Shower] C-tub Tub [✓ Bed]
Day(s) Mon Shift 3-11
Resident does
_ Face
_ Hands
_ Arms
_ Upper trunk
_ Legs
_ Lower trunk
_ Feet
Wash hair with bath ✓ Y _ N

MENTAL STATUS

_ Oriented x ______
✓Disoriented ______
_ Confused
  _ At times
  _ Always
_ Forgetful
_ Verbal agitation
_ Physically combative
_ Wanders
_ Depressed
_ *Behavior Mgmt Plan

VISION

I S L E T

Poor vision _ L _ R
_ Legally blind
_ Total Blindness
_ Reading glasses
✓Glasses at all times
_ Extra lighting to read
_ Contact lenses
_ Artificial eye

LOCOMOTION

I S L E [✓ T]

_ Ambulates on unit
  _ Ft x _ D E N Shifts
_ * Assistive Devices used
_ Recliner
_ Geri-chair
✓Wheelchair
  _ Propels self
  _ Propels self short distances
  ✓Push resident at all times
_ *Positioning Plan

PERSONAL HYGIENE

I S L E [✓ T]

Resident does
_ Comb/Brush Hair
_ Shaves ___ Face
_ Hands
_ Wear makeup
_ applies own ___ staff apply

FOOT CARE

_ Foot Soaks
_ *Protective foot wear
_ *Foot care

SAFETY

_ Bed alarm
_ Chair tray
_ Chair belt
_ Floormat/bed
✓Bedrail(s)
  _ One side
  _ Two sides
_ Resident restraint
_ Lap buddy
_ Wander Guard Alarm

SKIN CARE

✓Routine
_ *Special
_ Sun Sensitivity
_ Pressure Sore
_ Site ______
_ *Pressure Risk ___

DRESSING

I S L [✓ E] T

✓Resident chooses own clothes
_ Layout clothes
_ Buttons clothing
✓Puts 2 arm(s) in sleeves
_ Dresses upper body
_ Puts _ leg(s) in pants
_ Dresses lower body
_ Puts own stockings on
_ Puts own shoes on

TREATMENTS

VITALS: ______

Granulex spray to heels QS

Weight 1st & 3rd Mon 3-11

"TRANSLATION" OF NURSE AIDE ASSIGNMENT SHEET

ISLET:
Independent - Supervision - Limited Assistance - Extensive Assistance - Total Dependence

BED MOBILITY

I S L [✓ E] T This resident cannot turn or move about in bed by herself. You need to give her extensive assistance with any moving about in bed.

Positions self: (If not checked:) She cannot position herself in bed.

Verbal cueing: (If not checked:) You do not need to give her any verbal cues because she cannot turn herself.

Assists with turning: You need to help her turn from side to side or to sit up in bed.

Cannot move in bed: This resident cannot move in bed by herself.

Siderails up: Put both siderails up

At night only: You only need to put the siderails up at night.

At all times when in bed: Put both siderails up any time she is in bed.

Positioning Plan q2: Change her position every two hours.

Lift sheet: Use a lift sheet when you're changing her position.

TRANSFER

I S L [✓ E] T This resident cannot move from the bed to a chair by herself. You need to give her extensive assistance to get out of bed, to move from one chair to another, or to get on or off the toilet.

1 P/S & P: This resident can stand and turn if one person helps her.

2 P/S & P: For your safety and the resident's safety, you need to have another person help you when you transfer her. This resident can stand and turn when two people are helping her, one on each side.

2 P/Lift: For your safety and the resident's safety, you need to have another person help you when you use a Lift with this resident.

2 P/Hoyer Lift: For your safety and the resident's safety, you need to have another person help you when you use a Hoyer Lift with this resident.

LOCOMOTION

I S L [✓ E] T This resident cannot walk. You need give her total assistance to move about the unit.

Recliner: She sits in a recliner when she is out of bed.

Geri-chair: She sits in a Geri-chair when she is out of bed.

Wheelchair: She uses a wheelchair when she is out of bed.

- ___ *Propels self:* This resident can move the wheelchair by herself.
- ___ *Propels self short distances:* This resident can move the wheelchair by herself for short distances. However, you need to push her for longer distances.
- ___ *Push resident at all times:* You need to push her because she cannot move the wheelchair by herself.

Positioning Plan :

DRESSING

*ISL**E**T* This resident cannot dress herself. You need to give her extensive assistance with getting dressed.

Resident chooses own clothes: She can choose her own clothes. Encourage her to make choices between two different dresses, e.g., "Would you like to wear the blue dress or the red one?"

Lay out clothes: This resident can dress herself if you lay out the clothes she is going to wear.

Buttons clothing : Encourage her to button her clothing by herself.

Puts 2 arms in sleeves: Encourage her to put her arms in the sleeves by herself.

Dresses upper body: Encourage her to dress her upper body by herself.

Puts own stockings on: Encourage her to put her stockings on by herself.

Puts own shoes on: Encourage her to put her shoes on by herself.

EATING

*IS**L**ET* This resident cannot feed herself entirely. You need to give her limited assistance.

Set up tray: Set up her meal tray by opening the containers, cutting up her meat, and unwrapping her silverware. Give her any other help she needs such as buttering her bread.

Blind tray set up : This resident cannot see. You will need to identify the food and its location on her meal tray. Tell her where things are and what things are.

Assistive devices: This resident uses special tools during mealtime. These would include things like a plate guard. A plate guard is a plastic ring which holds the plate in one place on the tray or table so it can't move around and provides an edge for the feeder or the resident to scoop food up against. Other tools may include specially designed utensils that are easier to grasp, depending on the resident's disability.

To D.R. B L D: Take her to the dining room for all three meals.

Nourish. @ ___ AM ___ PM: Make sure that she gets her morning and afternoon nourishments.

Low salt foods: She is on a low-salt diet.

No high sugar foods: This resident's diet is restricted. She cannot have any concentrated sweets, regular sugar or desserts. She's using a sugar substitute. This resident may not be a diabetic; however, eating these foods may make her sick. (Don't give her a cookie!!)

Allergic to _______ : This resident may become sick if they eat foods that they are allergic to. Your responsibility is to check the tray to be sure these foods aren't on there.

Frequent Fluids: You should offer additional liquids to this resident, i.e., water, juice, several times throughout the day.

Restrict Fluids: This resident has a doctor's order to limit the fluids she drinks. Make sure that there is no water pitcher at her bedside. Also you will need to keep track of what fluids she drinks on your shift and report it to the Charge Nurse.

Intake/Output: Record what she drinks her urinary output on your shift. Write it in your Caregiver Record and report it to the Charge Nurse.

***Special Feeding:* The Speech Pathologist has designed a special way to feed this resident. Check for these instructions on the Swallowing Guide.

Program: 1:1 Supr.: You need to supervise her while she is eating to make sure so that she completes her meal. Give her any assistance she needs.

TOILET USE

*I S L **E** T* This resident cannot tell you when she needs go to the bathroom. You need to give her extensive assistance to get to and from the bathroom.

May leave alone on toilet: This resident is safe left alone in the bathroom on the toilet. Give the resident her privacy. She will ring the call bell when she needs you.

Bathroom x a p meal: Bring her to the bathroom before and after each meal.

Commode x ____: This resident uses a bedside commode instead of the bathroom.

q 2-4 = every 2-4 hours
shift = Every shift
hs = at bedtime

*Urinal x*____: This resident uses a urinal instead of the bathroom in his room. Usually this is at bedtime.

Bedpan x q 2-4 : Give her the bedpan every two to four hours while she is in bed

Chair pad: This resident is incontinent. You will need to place an incontinent pad on her chair and check it for dryness at least every two hours.

*Attends S **M** L*: Put medium sized Attends on her during the day

Toileting Schedule: While it is routine to offer the toilet each re. every two hours, this resident has specific times designated to keep her dry and her skin in tact. You can get the specifics of the toileting schedule from the Charge Nurse.

Inc. pad on bed: Put a pink incontinent pad on her bed at night

Bladder

*Continent x*_____: This resident can tell you when she needs to use the bathroom (to urinate).

Incontinent x _____: This resident is unaware of when she has to go to the bathroom to void.

Catheter: I E I = indwelling: it doesn't come out

E = external: a condom used for men

This resident needs a urinary catheter to empty her bladder. You will need to empty the catheter bag at the end of your shift and report the amount to the Charge Nurse. She'll tell you where to write the information. It's important to observe and report the condition of this resident's skin condition around the catheter. If you notice that there is no urine in the bag at any point in the shift, report it immediately to the Charge Nurse.

Bladder Rehab.: A special program has been designed for this resident in an effort to retrain her bladder and avoid incontinence. The Charge Nurse will describe the program for you.

Bowel

Continent x____: This resident can tell you when she needs to use the bathroom (to have a bowel movement).

Incontinent x _____: This resident is unaware of when she has to go to the bathroom for a bowel movement.

Bowel Regime: A special program has been designed for this resident in an effort to avoid incontinence. The Charge Nurse will describe the program for you. We're hoping to get them regulated so that their bowel movements are somewhat predictable and to avoid constipation or loose stools.

PERSONAL HYGIENE

I S L E T This resident cannot groom herself. You need to give her total assistance with her personal hygiene. She cannot participate at all.

Comb/Brush Hair: You need to comb and brush her hair

Shave: You need to shave him. ___ *Face:* You need to wash her face

Hands: You need to wash her hands.

Wear makeup: (If not checked): She does not wear makeup

___ *applies own:* This resident puts on her makeup by herself

___ *staff apply:* You need to put her makeup on for her

MOUTH CARE

I S L E T This resident cannot brush her own teeth. You need to give her total assistance

Dentures U L: She wears upper and lower dentures.

No teeth: This resident has no teeth and does not use dentures.

No dentures: This resident does not have dentures.

BATHING

I S L E T This resident cannot bathe herself. You need to give her total assistance.

Shower: This resident is scheduled for a shower

C-tub: This resident is scheduled for a whirlpool bath.

Bed: Give this resident her morning and evening care in bed.

Days _MON_ *Shift* _3-11_ Give her a shower every Monday on the evening shift.

Bathing

The resident does [Face through Feet]: (If not checked): The resident cannot wash her face, hands, arms, upper trunk, legs, lower trunk, or feet.

Wash hair with bath _x_ *Y* _ *N* : Wash her hair when you're giving her a shower

FOOT CARE
This resident does not need any special foot care.

VISION
This resident cannot see without her glasses. Make sure she is wearing her glasses when she is awake.

COMMUNICATION
(If no checks): This resident doesn't have a hearing or speech problem.

HEARING
Hearing Aid (If not checked): She doesn't need a hearing aide.

Amplifier (If not checked): She doesn't need or an amplifier.

SPEECH
(If no checks): She understands what you tell her.

MENTAL STATUS

Disoriented: This resident is disoriented. She doesn't know where she is, what time it is, or who you are.

Confused: (If not checked): She is not confused.

Forgetful: (If not checked): She is not forgetful.

Verbally agitation: (If not checked): She does not get verbally agitated.

Physically combative: (If not checked): She is not physically combative.

Wanders: (If not checked): She doesn't wander.

Depressed:: (If not checked): She is not depressed.

**Behavior Mgmt Plan:* (If not checked): She is not on a Behavior Management Plan

SAFETY

(This category tells you what safety devices you need to care for this resident.)

Bed alarm: (If not checked): She doesn't need a bed alarm.

Chair tray: (If not checked): She doesn't need a chair tray.

Chair belt: (If not checked): She doesn't need a chair belt.

Floormat/bed: (If not checked): She doesn't need a floor mat near her bed.

Bedrail(s): Put both bed rails up at night and any time she is in bed

_____ *One side*

_____ *Two sides*

Resident restraint: (If not checked): She doesn't need a waist restraint.

Lap buddy: (If not checked): She doesn't need a lap buddy.

Wander Guard Alarm: (If not checked): She doesn't need a Wander Guard Alarm.

PARALYSIS, BRACES, SPLINTS

Weakness/Paralysis
Contractures: This resident has contractures.

Sites: Her hips are contracted. This means that the bones in her hips are stiff and stuck. Be careful when you move her as her hips might also be painful. Do not extend her legs past her limitations

* *Braces/Splints*:
(If not checked): She does not wear any braces or splints.

**ROM Regime*: You need to do active and passive range-of-motion exercises on her hips and shoulders while you are giving her morning care. Do this three to five repetitions every morning.

The Eddy
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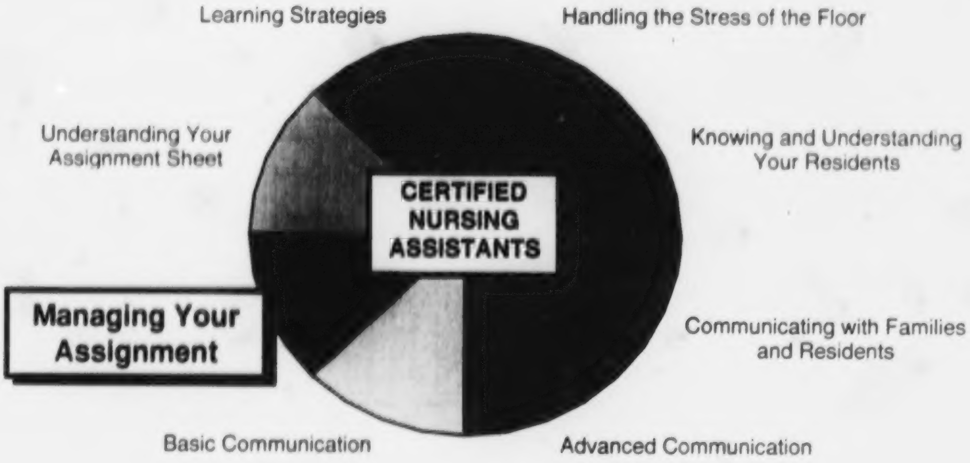
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

TRAINING PROCESS GUIDE

MANAGING YOUR ASSIGNMENT

TRAINING PROCESS GUIDE

Table of Contents

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Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- This module deals more extensively with the moment-to-moment responsibilities of working on the floor. If you have not had experience on the floor, arrange to spend some time observing or work with a co-trainer who has such experience.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction)*.
- Prepare newsprint with the definition of *Prioritizing: to make choices between competing alternatives in order to develop an efficient and effective order for providing care*
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Medical Abbreviation Dictionary (recommended)

Participants
Participant Packets
Highlighters, Pencils, Pens
'Post-It' sticky notepads
Personal Learner Portfolios (recommended)
Vest Pocket Dictionaries (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

MANAGING YOUR ASSIGNMENT

Rationale and Goal

Although newly hired and trained nursing assistants feel competent in providing the care for individual residents, the ability to care for all of the residents effectively and efficiently while on a full "assignment" is often overwhelming. For new nursing assistants, the need for organizing the personal care of all of the residents on their assignment during a work shift requires them to call upon a cluster of skills that are essential for success in the early stages of employment.

In order for new nursing assistants to efficiently manage their assignments, they must: (1) know and understand the complete set of personal care tasks for each individual resident on the assignment, (2) organize tasks into logical chunks, (3) set priorities for the different tasks and chunks of tasks, (4) make decisions, (5) manage time, and (6) work with the team that is available on the work shift. The goal of this module is to enhance the development of these skills.

Learning Objectives

Upon completing this module, participants will be able to:

- Analyze personal care tasks in terms of the conditions that affect how they are carried out
- List the personal care job tasks for one resident in an appropriate order of accomplishment
- Plan the care for many residents according to an appropriate order, considering the conditions and external factors
- Identify the need for and the value of prioritizing the assignment

Competencies

- Developing self-management skills
- Reading workplace materials
- Thinking analytically
- Ordering and prioritizing
- Making decisions
- Managing time
- Working in teams
- Writing resident observations

Introduction

FOCUS: To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

Option I:

a) **Show** *Learning Objectives* on pre-printed newsprint, or

b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE:* If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE:* Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets*. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

[*TRAINER NOTE:* You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. **Give** participants time to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets*. Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment*. You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

Identifying and Analyzing Personal Care Tasks

FOCUS: **To stress that seemingly simple jobs are often complex, to sensitize participants to the effect of varying conditions upon the accomplishment of care tasks, and to practice task analysis**

TIME: **30 Minutes**

TRAINING PROCESS:

1. **Explain** that as CNAs, participants will be making important decisions nearly every minute of every work day as part of prioritizing and managing their assignments. If there were only one guideline to follow in making these decisions, it would be the following: Every decision a CNA makes should be guided by the need to protect the *safety, security and quality of residential care*.

   [*TRAINER NOTE:* The table below is meant to be used as a warm-up exercise. Use it to do a quick assessment of the experience level of your group. Reviewing the Personal Care Task Variations sheet ahead of time will help to prepare you for the discussion below.]

2. **Direct** participants to the "Identifying and Analyzing Personal Care Tasks" chart on page 5 of their packet, pointing out that the categories of care tasks required to complete a work assignment are listed in the left column.

3. **Ask** participants for examples of tasks listed in the first column.

4. **Refer** participants to the "Personal Care Task Variations" sheet on page 6 of their packets. This list is included as additional reading material.

5. **Lead** a large group discussion identifying all that is involved in accomplishing just one category of care:

   a) **Select** one care task category to focus on.

   b) **Point** out how complex seemingly simple jobs really are.

   c) **Discuss** varying conditions that affect the accomplishment of that category of care, using the following questions as "triggers":

- Does it take long or go quickly? Why?
- What does this depend on?
- When is the best time to do a task? Why?
- Can you do the task by yourself or do you need assistance? Why?
- What special conditions exist for providing care in these areas?
- Are you in control of the time it takes to accomplish the task?
- Are you in control of when the task is done?
- What can nursing assistants do to manage the conditions/situations?

6. **Conclude** this section by stressing the following point:

➔ *Personal Care Tasks are almost always more complex than you'd think.*

NOTES:

Managing the Care of One Resident

FOCUS: **An activity to practice prioritizing personal care tasks**

TIME: **30 Minutes**

TRAINING PROCESS:

1. **Direct** participants to think of one resident they know well and for whom they have provided care.

   [*TRAINER NOTE:* If a participant has not yet worked with any residents, have them make one up. Stress the importance of confidentiality in this activity. Participants should change the resident's name and any other clearly identifying information so that others will not be able to identify who the actual resident is.]

2. **Direct** participants to the "Managing the Care of One Resident: Part 1" worksheet on page 7 of their packets.

3. **Read** the directions out loud and direct participants to write a short description of that resident per the directions on the sheet.

4. **Direct** participants to read their descriptions aloud and discuss them.

5. **Explain** that for the next activity, participants will be assigned to the care of the resident they just described during the 7 a.m. to 3 p.m. shift.

   a) **Refer** participants to "Managing the Care of One Resident: Part 2" on page 8 of their packets:

   b) **Direct** participants to:
      - list all the care tasks they should provide for this resident, *in the order in which they would provide the care during that shift*
      - be sure to break down each task into its most basic steps
      - include the time it takes to do each task

      [*TRAINER NOTE:* This work can be done on the actual sheet or on a sheet of newsprint.]

c) **Direct** participants to share their care lists with a training partner to check for completeness of care delivery and the times.

> [*TRAINER NOTE*: Give participants enough time to complete these tasks so that they are satisfied that their lists are complete.]

d) **Direct** participants to copy the care tasks in large, legible print onto sticky notes. Make sure that the resident's name or initial is printed on each note. (e.g.: Do oral hygiene for D.S. -- 5 min.)

e) **Direct** participants to post the notes on a newsprint sheet in the order in which a nursing assistant would accomplish the tasks. (All the care for each resident should fit on one newsprint sheet.)

> [*TRAINER NOTE*: As participants complete their newsprint sheets, post them around the room.]

f) **Discuss** each sheet of newsprint enough so that all have a good "feel" for all the residents that are being "cared for" during the session.

NOTES:

Prioritizing and Time Management Skills

FOCUS: **To define and practice prioritizing**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Explain** that you're going to take a short detour here before getting back to the sheets that were just made.

2. **Direct** the participants to think about something unexpected that could happen today after they finish work.

   Example: When you get home, you find out that someone special is coming for dinner--maybe your mother-in-law, maybe an old flame, maybe the certification trainer.

3. **Ask:** "What are you going to do to get ready--and in what order?"

4. **Ask** for volunteers to explain what they would do and in what order. Ask the volunteers to describe the thoughts they were having as they decided what to do and in what order. Record responses on newsprint.

5. **Explain** that this same process is followed on the floor when CNAs develop a routine for providing care:

   - As CNAs, they will be making choices between competing alternatives and managing the time involved
   - In doing so, they will need to organize, chunk, and order

6. **State** the definition of "prioritizing", and show prepared newsprint:

   Definition: "To make choices between competing alternatives in order to develop an efficient and effective order for providing care."

7. **Tell** participants that for the rest of the session, they will practice prioritizing by focusing on the residents they wrote about.

Managing the Care of Residents on a Full Assignment

FOCUS: **An activity to practice prioritizing personal care tasks and to simulate some of the realities of the floor that complicate the management of an assignment**

TIME: **60 Minutes**

TRAINING PROCESS:

[*TRAINER NOTE*: In this activity, participants will begin by pairing with another participant to prioritize care tasks for two residents as if it were an assignment for one CNA. Then two pairs will join to prioritize for four residents by one CNA, and finally, if you have time, two groups of four will join up to prioritize for eight residents, all as if only one CNA were providing the care. (A typical load for one CNA is actually eight residents.) To make this exercise even more realistic:

- At any point in the activity, the trainer is free to call a fire-drill! (Reflective of real-life on the floor) Say "How much time did we lose getting folks off the floor? How are we going to compensate?"
- The trainer may also make random "special assignments." In this case, the time it takes to complete these special duties must be figured into the ordering of care tasks for residents. Special assignments can be:

➢fire monitor ➢utility room checker ➢shower person ➢food tray-passer]

1. **Explain** that the next step in the activity they've been working on is: Ordering the care tasks for more than one resident.

2. **Hand** out more packets of sticky notes and markers.

3. **Direct** one volunteer to explain his/her prioritization. Encourage the group to help make sure that every single task is broken down into its smallest steps.

   [*TRAINER NOTE*: It is crucial that participants understand that they must break each task into its most basic chunks. This step in the activity lets you judge if the group has grasped this point.]

4. **Say:** "Now that you've taken care of one resident, you've been assigned to take care of the roommate, too."

   Direct participants to pair. Partners should combine their residents and prioritize and order care tasks as if one CNA were responsible for both residents.

5. **Encourage** partners to ask each other the following questions as they prioritize:

   - Why would you do that now?
   - Are there any alternatives?
   - Would someone else do it differently?

   [*TRAINER NOTE*: The emphasis for this activity is thought process more than the actual order of care that is finally determined. Go around the room facilitating the process by encouraging all to participate and by continually asking "Why?" Why would you do that now? Are there any alternatives? Would someone do it differently? Why?]

6. **Say**: "Now the aide for the two residents next door called in sick, and you have to care for all four residents in both rooms."

   Direct each pair to join with another pair. All four partners should now combine their residents and prioritize and order care tasks as if one CNA were responsible for all four residents.

   [*TRAINER NOTE*: Once again, remind participants to question each other as above.]

7. **Direct** the group of four to join with another group of four. All eight partners should now combine their residents and prioritize and order care tasks as if one CNA were responsible for all eight residents.

8. **Emphasize** that the typical number of residents a CNA is responsible for with a full assignment is eight!

9. **Summarize** activity by writing key points on newsprint about why the decisions are made as they are, without losing the flow of the decision-making / prioritizing process.

NOTES: ______________________________

____

____

____

____

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Managing Your Assignment Efficiently

FOCUS: To review definition of "prioritizing" and to explore some options for time management

TIME: 15 Minutes

TRAINING PROCESS:

1. **Review** definition of "prioritizing" again:

    - To prioritize means to make choices between competing alternatives to develop an efficient and effective order for providing care.
    - Prioritizing resident care involves making many quick decisions.

2. **Discuss** the prioritizing process the group has just completed by asking the questions below.

    [*TRAINER* NOTE: There are several possible answers for the questions below. You are looking for more general types of answers, focusing more on the safety, security and quality of care that CNAs provide.]

    Record responses on newsprint:

    - In what order should care tasks be completed?
    - Which tasks need to be done first?
    - Which tasks could be done later?
    - Which tasks could be combined?
    - Are there any temporary shortcuts? When?
    - What are some common choices, decisions, and conclusions that can be made about prioritizing to help you manage an assignment? (Tell participants to think of the activity and discussion they have just had.)

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3. **Refer** participants to "How CNAs Manage Their Assignments Efficiently and Effectively" on page 9 of their packets.

4. **Read** aloud and direct participants to read along and discuss.

5. **Say:** "There's another sheet that shows what some of us *also* do. Check to see if you're guilty of any of them!"

   Refer participants to "Factors That Get in the Way of Managing Your Assignment" on page 10 of their packets. Direct participants to read these silently.

6. **Explain** that prioritizing sometimes just happens, based on one's own personal preferences, but nursing assistants also need to consider the conditions and external forces that influence how and when care should be provided.

   When CNAs prioritize care, they are thinking about:

   - what is good for the residents' needs
   - what is necessary and efficient for the floor's needs
   - what works efficiently for themselves as the care providers

7. **Refer** participants to pages 11-12 of their packets. "Learning To Manage Your Assignment: Experienced CNAs Express Their Views" provides some very interesting information and is included for participants to read later at their leisure.

NOTES: ______________________________

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Summary and Closure

FOCUS: To summarize key ideas and review the *Learning Objectives* of the module

TIME: 15 Minutes

TRAINING PROCESS:

1. **Review** key ideas from the module:
    - How complex even simple tasks can be
    - The critical importance of prioritizing tasks
    - Pointers for managing your assignment effectively and efficiently
    - Factors that get in the way

2. **Ask:** "Have the objectives of the module been met? Do you now have the skills listed on the *Learning Objectives* page at the front of your packets?"

3. **Ask** participants to complete the *Learner Post-Assessment* on page 13 of their packets.

    [*TRAINER NOTE:* You have two choices at this time . . . you may read off the answers from the Learner Assessment: Answer Key at the end of this Guide and have participants self-correct and compare scores with their Learner Pre-Assessment, or score the Assessments later and meet with participants to discuss. You may want participants to tear out this sheet and store it in their Personal Learner Portfolios.]

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them manage their assignments.

5. **Refer** participants to page 14 in their packets and request that they take 5 minutes to fill out the "Summary and Closure" sheet.

6. **Explain** that this is a time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about 5 minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share any points from the paired sharing with the larger group.

9. **Ask** participants to share new vocabulary words, encouraging everyone to offer at least one word.

10. **Direct** participants to put their *Summary and Closure* sheets and their *Vocabulary Discovery* sheets into their Personal Learner Portfolio.

11. **Collect** Personal Learner Portfolios.

12. **Thank** and acknowledge everyone for their participation and conclude the session.

NOTES:

Learner Assessment: Answer Key

A. *Scoring Directions: Give 10 points for each correct answer.*

Task		Condition that Could Affect Accomplishment
e.g. Elimination		attends are missing from cart
1. Oral hygiene	1.	uncooperative resident biting resident dentures missing other reasonable answer
2. Feeding/Nourishment	2.	tube feeding required uncooperative resident sick resident other reasonable answer
3. Transferring	3.	uncooperative resident two-person assistance required chair missing other reasonable answer
4. Positioning	4.	uncooperative resident bed sores heavy resident other reasonable answer
5. Taking vitals	5.	uncooperative resident thermometer missing excessive resident weight other reasonable answer

B. *Scoring Directions: Give 5 points for each correct answer in each column.*

	Task (in order of accomplishment)	Time Range
Do oral hygiene	1. Greet the resident	< 1 minute
Feed	2. Take vitals	2 min. - 10 min.
Dress	3. Do oral hygiene	2 min. - 20 min.
Take vitals	4. Dress	5 min. - 20 min.
Greet the resident	5. Feed	15 min. - 30 min.

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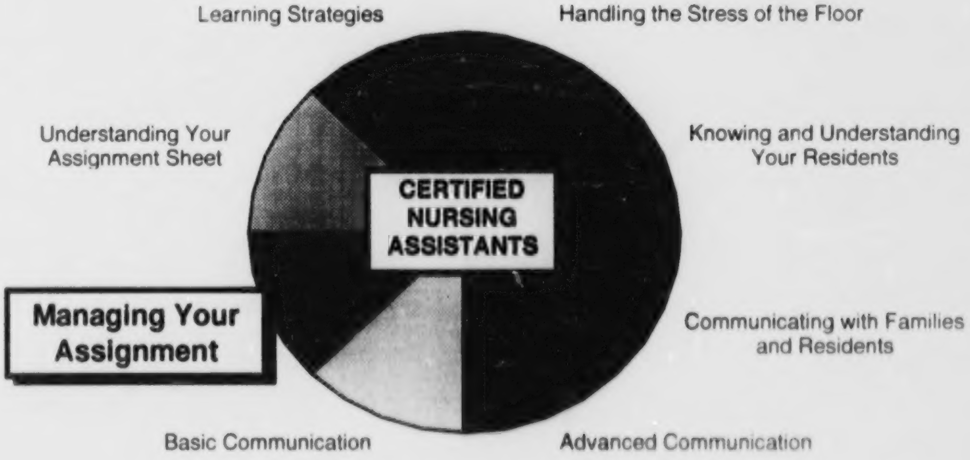
A Program for New Employees in Residential and Home Care


Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

PARTICIPANT PACKET

MANAGING YOUR ASSIGNMENT

PARTICIPANT PACKET

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- Personal Contract........2
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- Managing the Care of One Resident: Part 1........7
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- How CNAs Manage Their Assignments Efficiently and Effectively........9
- Factors That Get in the Way of Managing Your Assignment........10
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Learning Objectives

Managing Your Assignment

Upon completing this module, you will be able to:

- **Analyze personal care tasks in terms of the conditions that affect how they are carried out**
- **List the personal care job tasks for one resident in an appropriate order of accomplishment**
- **Plan the care of many residents in an appropriate order, considering conditions and external factors**
- **Identify the need for and the value of prioritizing the assignment**

Personal Contract

Directions: *Write down your thoughts before you start this module.*

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

Vocabulary Discovery

Directions: During the course of this module, write below any new words or abbreviations you have learned and their meaning.

Learner Pre-Assessment

Part A
Directions: For each personal care task listed in the left column, list in the right column one factor that may get in the way of accomplishing the task efficiently.

Task	Condition that Could Affect Accomplishment
e.g. **Elimination**	**Attends are missing from cart**
1. Oral hygiene	1.____________________________
2. Feeding/Nourishment	2.____________________________
3. Transferring	3.____________________________
4. Positioning	4.____________________________
5. Taking vitals	5.____________________________

Part B
Directions: Arrange the personal care tasks listed in the left column in the most appropriate order of accomplishment from 1-5 for the resident described below, indicating the approximate time that each would take to accomplish.

Mr. Henley is a fully ambulatory 79-year-old male resident with a heart condition, diabetes, and dentures. Not only does Mr. Henley often feel ill but he is also incontinent; he can be ornery and uncooperative early in the morning before he eats.

Task (in order of accomplishment)	Time Range
Do oral hygiene	1.________________
Feed	2.________________
Dress	3.________________
Take vitals	4.________________
Greet the resident	5.________________

Identifying and Analyzing Personal Care Tasks

Directions: Complete the chart below:

Categories of Personal Care Tasks	Conditions that could affect completing these tasks efficiently	Other tasks that might be combined with these
Transferring:		
Positioning:		
Body Hygiene:		
Oral Hygiene:		
Greeting the Resident:		
Safety/Restraints:		
Special Treatments:		
Nutrition/Nourishments:		
Elimination (bladder & bm):		
Vitals:		
Record Keeping:		

Personal Care Task Variations

TRANSFERRING/MOBILITY

1. No supervision
2. Intermittent supervision, verbal cue, assist for difficult maneuvers
3. One assist, two assist
4. Hoyer lift
5. Wheels with no assist
6. Is wheeled, chairfast or bedfast
7. BD=bedrest; WC=wheelchair; GC=Gerichair; W=Walker

POSITIONING

1. Tray table for positioning
2. Pillows/handrails
3. Wedge
4. Turned and positioned every two hours

SAFETY/RESTRAINTS

1. Siderails one, two or not used
2. WC belt
3. Posey belt
4. Gerichair with table

SPECIAL TREATMENTS

1. Cream applications
2.

BODY HYGIENE

1. Shower
2. Tub Bath
3. Bed bath: self/assisted
4. Hair
5. Nails
6. Dressing
7. Deodorant/perfume/powder

ORAL HYGIENE

1. Self
2. Assisted
3. Dentures/partial plate

NUTRITION/NOURISHMENT

1. Self
2. Set up
3. Feeders
4. Tube
5. Times: 10:00; 2:00; 8:00

ELIMINATION

1. No supervision or physical assistance
2. Intermittent supervision / physical assistant for difficult maneuvers--verbal cueing
3. Continent of bowel and bladder; requires constant supervision and/or physical assistance including appliances
4. Incontinent of bowel and/or bladder and is not taken to a bathroom

Managing the Care of One Resident: Part 1

Directions: Think about one resident whom you have observed or cared for. In the space below write a clear, detailed description of that person. Include the type of information that would help a new Nursing Assistant provide the necessary care, such as special likes and dislikes, how family visits go, etc. Also include some personal characteristics such as talkative, moody, easily upset, etc.

Managing the Care of One Resident: Part 2

Directions: In the space below list all the care that a Nursing Assistant would need to provide to your resident from 7 AM to 3 PM on any given day. List the tasks to be done in the most appropriate order and indicate the amount of time each task would take to accomplish.

TASK	**TIME**

How CNAs Manage Their Assignments Efficiently and Effectively

1. Understand how to read and interpret assignment sheet, or ask if unsure
2. Use time management skills - know when to do what
3. Understand efficient sequencing for individual care, and for the care of several residents
4. Possess keen observation skills - notice what needs to be noticed and take the appropriate action
5. Communicate with, and motivate residents
6. Communicate with supervisors to get help and ask questions
7. Use team work - work together to get the job done
8. Be organized, for example, make sure to have what is needed when entering a resident's room for care, like gloves or linens, to cut down on return trips
9. Learn how to deal with interruptions and emergencies
10. Know how to do the basic care tasks well
11. Increase confidence by doing the job well
12. Learn to work quickly

Factors that Get in the Way of Managing Your Assignment

Personal Characteristics

1. not listening
2. lack of preparation
3. starting a job before thinking it through
4. leaving jobs not completed
5. spending too much time on detail
6. allowing oneself to get distracted from the task at hand
7. doing all the easy tasks first
8. doing the less important tasks first
9. disorganization
10. inflexibility- not able to see alternatives
11. unwillingness to try a new approach, even though it might better
12. inefficient habits
13. excessive socializing
14. inability to anticipate problems

Environmental Interruptions

1. floor emergencies
2. patient resistance
3. missing equipment or supplies
4. unplanned visitors to residents
5. missing information on the assignment sheets
6. conflict with co-workers
7. needing to work on too many things, too many residents at once

LEARNING TO MANAGE YOUR ASSIGNMENT

Experienced Certified Nursing Assistants Express Their Views

When you get nervous is when you start actually getting on the floor. But, ... I would say the best advice to give to a new CNA that's just getting on the floor is just to do it. People ... they want to help you through it, which is good. But you just gotta get your hands right into it, and start doing it. Because that's the only way you're gonna feel better.

... I tried, "well, maybe I shouldn't do this." But you know, once I started doing it, getting my hands dirty, get right into the job you're fine. You just need to -- forge ahead. In training I found, I got the impression, that I knew there wasn't a lot of time on your hands. You know, how fast paced you need to move, you know, to get people to breakfast, to have everyone be recharged, and whatever. So that was the biggest shocker: "Oh, boy, I need to boogie!" But you get so that you get into the flow of things and it's not, you don't have to go as fast, you know. It just becomes easier and everything doesn't take you as long because you're so, you're just used to doing it.

Get a piece of paper and write it down. If you make little notes... I have a note in my pocket right now what I need to do, when I get back today. I, just make little notes of what you need to do. As detailed as you need 'em. A little cheat sheet, you'll be fine.

Well, a lot of times when, if I help train a girl, I'll do the care and let them watch me. Because a lot of times, the elderly people are very set in their ways. And if you don't know what to do for them, they get very, they're afraid. And they just need some reassurance that you're not gonna hurt 'em or you're not gonna mistreat 'em. They need to look at a familiar face first, the first few times that you're going in there. I find it helps the residents.

You let 'em know that ... you're there to help 'em and you're not gonna let them fall. That's one of their biggest fears, is falling... And you just have to go very slow with 'em and gentle, and let 'em know that you know what you're doing. A lot of times if you go in there very aggressive, that scares 'em. You just have to walk in there and be very kind. And ... let 'em know that you're new, introduce yourself to them. And if they can speak, have them tell you what they like done. And ... if they can do that, it helps them out. Helps the residents to have confidence in you.

I've been doing this for 11 years, and you're not going to remember everything. And don't feel like you're a failure if you don't. It just takes time. And most of all, just remember the basics at first. And then everything will gradually come to you naturally. I mean, it will take time. And don't feel that you can't do this. Because the first few week, you're gonna be very scared. But after the first month, you'll get so that you're reassured of yourself, and you'll be OK... Just takes a lot of time. It just takes a lot of ... patience ...

Nervous. I was really nervous. My heart was pumping. It was like, "Oh no, they're gonna give me a full assignment." You know, I was really nervous. But the other CNAs were there to help me. 'Cause they'd all been through it. At first you don't really have a routine, because you don't really know the residents well. But as you learn them, you learn the routine. Who you should do first, who you should do second, you know. Its just, you have to find it out on your own. No one can really tell you what works best for you. You just have to kinda, take a deep breath, go slow, don't be afraid to start out very slow. And once you get slow and comfortable with people, then you do pick up your speed and you get more comfortable. And your training comes back to you, oh yeah, that's what she meant by turning the cloth over. Or that's what they meant by doing that. Then you know, it makes sense to me. And your supervisor will be there to help you along. And the other aides also will be there to help you.

LEARNING TO MANAGE YOUR ASSIGNMENT

Experienced Certified Nursing Assistants Express Their Views (continued)

You do try and you do get to do most things on the assignment sheets, for the most part. You try to eliminate the least important skill that you may have to do. Maybe you don't give them a full, complete bath. You give them a partial bath, if you have more residents than you ... if somebody called in sick and your workload is a little heavier. But you do, and you do manage to get everything done. You may be busy, you may be rushing through it a little bit, but you get it done. And I think as you do the job, you gain the skills and you gain speed.

Smile and you say, "OK, I'll get back to you" -- if you have to leave a resident to go with another resident for something or the supervisor needs you. You just tell this one, "I've got to leave you for a little while and I'll be back and we'll finish up." And you try to do the best you can.

When I left the training class I thought I was ready for the floor, you know, like "I'm ready for this." And then when you get there, it's a little bit difficult at first. But you always get through that time, 'cause you ask for help from the girls. Which you know, the majority of 'em will give you their help. They'll explain things about the resident. The nurse, the nurses ask questions. The best think I could say was to ask questions, you know. You'll get responses.

I talked to people in the same profession, the other CNAs. You know, how do I get myself through this? I took notes of the various residents during when I was observing. And ... that helped a lot. Like just writing down, this person doesn't like care at 9 am, they like it earlier in the morning, you know. So that helped. I referred -- it's a little flip notebook, you know. And I just brought it with me for like my first two weeks. And that made me feel easier.

At first I didn't feel wanted on the floor. You know, you gotta realize the other girls are very busy with their residents, too. And they're trying to help you as much as they can. You just gotta sometimes grab 'em and say, "I need your help." You know. "What do you think about this?" And you'll get the response. You just gotta have the courage to do it, to say "I need your help."

How was I made to feel welcome? ... I kind of just mingled in. You know, I found, I found out different approaches to approach the girls, you know. If they're having a bad day, then you don't take it to heart. You just gotta say, "OK, they're having a bad day." And come in tomorrow with a new attitude, to say, "OK, that was yesterday, this is today."

... every day you learn something new. It's like I said, it's a learning experience. Every day I learn something new. And it's like, wow, I didn't think that was that way. But you definitely learn a lot and you just take it all in and apply it to your job. What you learn is what you apply.

When we went on the floor we had orientation, and we were matched up with a CNA. We had maybe five residents we had to take care of. Then you do that for maybe a week or two. You start getting comfortable after that time period, and you know what those residents want. Then they put on the full schedule, the full workload. And I don't think you're as nervous. You might be slow, but that's OK, because you're gonna pick up your speed. You'll gain your knowledge and you'll be -- I'm still slow. But I know what I'm doing, I'm comfortable doing, and I haven't heard too many complaints from the residents. So to me, it's all worked out.

What you learn on your own is, you learn your residents. I mean, they can teach you all the classic textbook stuff, but they can't teach you the residents, 'cause everybody's different

Learner Post-Assessment

Part A

***Directions:* For each personal care task listed in the left column, list in the right column one factor that may get in the way of accomplishing the task efficiently.**

Task	**Condition that Could Affect Accomplishment**
e.g. **Elimination**	**Attends are missing from cart**
1. Oral hygiene	1. ______________________________
2. Feeding/Nourishment	2. ______________________________
3. Transferring	3. ______________________________
4. Positioning	4. ______________________________
5. Taking vitals	5. ______________________________

Part B

***Directions:* Arrange the personal care tasks listed in the left column in the most appropriate order of accomplishment from 1-5 for the resident described below, indicating the approximate time that each would take to accomplish.**

Mr. Henley is a fully ambulatory 79-year-old male resident with a heart condition, diabetes, and dentures. Not only does Mr. Henley often feel ill but he is also incontinent; he can be ornery and uncooperative early in the morning before he eats.

Task **(in order of accomplishment)**	**Time Range**
Do oral hygiene	1. ____________
Feed	2. ____________
Dress	3. ____________
Take vitals	4. ____________
Greet the resident	5. ____________

Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair up with another person and share your thoughts with your partner. When you are done, put this page in your Personal Learner's Portfolio.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

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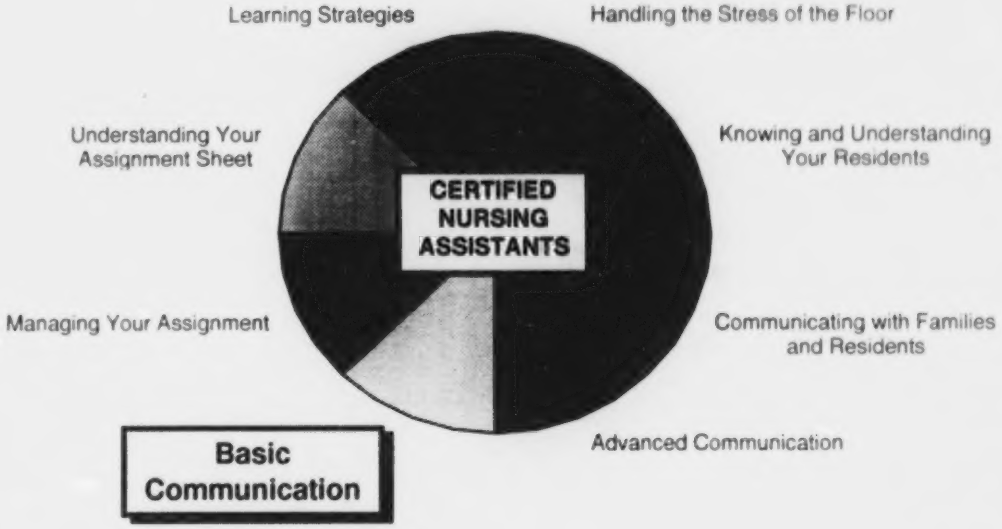
Learning Strategies
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TRAINING PROCESS GUIDE

BASIC COMMUNICATION

TRAINING PROCESS GUIDE

Table of Contents

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- Rationale and Goal, Learning Objectives, Competencies 2
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- The Key Elements of Communication 8
- Purposes of Communication 10
- Barriers to Effective Communication 12
- Personal Communication Barriers 14
- Communication: Role Play 17
- Using Questions Appropriately 18
- Summary and Closure 20
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Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Medical Abbreviation Dictionary (recommended)

Participants
Participant Packets
Highlighters, Pencils, Pens
'Post-It' self-sticking notepads
Personal Learner Portfolios (recommended)
Vest Pocket Dictionaries (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

BASIC COMMUNICATION

Rationale and Goal

Communication skills are a key component of the job of a nursing assistant. Supervisors and assistants emphasize the complex role communication plays in effective teamwork, stress management, problem solving, and conflict resolution. Being competent in these areas affects how well newly trained assistants integrate into the experienced work force. Poor communication results in both interpersonal and unit problems. It can contribute to conflict with co-workers and residents, result in failure to elicit important information, and lead to breakdowns in unit motivation, morale, and patient care. It is the goal of this module to address basic aspects of communication and to promote the development of basic communication skills. The module advances in logical sequence beginning with a focus on enhancing participants' awareness and recognition of the more subtle components of communication and the primary roles they play. The latter part of the module includes case studies and role play exercises which support direct and immediate application of skills learned.

Learning Objectives

Upon completing this module, participants will be able to:

- Identify the three components of basic communication
- List two purposes of communication on the floor
- Recognize barriers that adversely affect service delivery to residents and take steps to reduce communication barriers
- Enhance awareness of how personal behaviors interfere with the communication process on the floor and with residents
- Demonstrate how to ask effective questions to seek help and information from peers and supervisors
- Define "open" and "closed" questions

Competencies

- Developing self-directed learning
- Building new vocabulary words and their meanings
- Using the dictionary as a resource
- Analyzing meanings through quotations
- Obtaining and recalling essential information communicated orally by co-workers, supervisors, and residents

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives.* There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE:* If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE:* Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets*. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

[*TRAINER NOTE:* You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. **Give participants time** to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets*. Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment*. You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

What's In A Word?

FOCUS: **To discuss some of the causes of miscommunication and to develop vocabulary**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Direct** participants to read the quotations in the boxed frame on page 5 of their Participant Packet.

2. **Ask** participants to write what they think the quotation means.

3. **Direct** participants to turn to a partner and share thoughts with each other.

4. **Discuss** the origin of the quote in the box, telling the group that "Through the Looking Glass" comes from Alice in Wonderland.

   [*TRAINER NOTE:* The story of Alice offers good illustration for communication. For instance, when Alice went into a new world through the looking glass she was confused. What people were saying made sense to *them* but no sense to her. As new CNAs, your participants may be experiencing similar things.]

   Use the following questions to elicit discussion:

   - Can anyone briefly tell the story of "Alice"?
   - How about the Queen of Hearts, Mad Hatter, and the Cheshire Cat?
   - What is associated with these characters?

     (Queen: always wanting to chop people's heads off
     Mad Hatter: nonsensical words
     Cheshire Cat: smiles all the time and disappears)

   - What happened when Alice began looking in the glass?

     (Everything was backwards and distorted)

   [*TRAINER NOTE:* The point of this discussion is to identify how the story of Alice illustrates key issues in communication: distortion, perception, confusion, more than one meaning, control of words, language, ways effective communication can be blocked, etc.. These are the key ideas contained in the "Communication" modules.]

5. **Ask** participants if they can predict what the module addresses based on the quotation and how it relates to their work.

6. **Close** the discussion by asking what "scornful" means, noting Humpty Dumpty's scornful tone. Use this as the first word for today's vocabulary.

NOTES:

The Key Elements of Communication

FOCUS: **To introduce the basic components of communication and to integrate components with participants' workplace experiences**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Hand** out 'Post-It' self-sticking notepads and markers.

2. **Direct** participants to write on the Post-Its, a minimum of two, but no more than three communication problems that they have observed on the floor or in the residential facility.

   Help with examples, if necessary:

   - between NATs and experienced CNAs
   - among LPNs, RNs, Supervisors, CNAs, NATs
   - between all healthcare staff and residents
   - among Dietary, Maintenance, Housekeeping, and other staff

3. **Direct** participants to stick their Post-Its on the wall. Stop at this point.

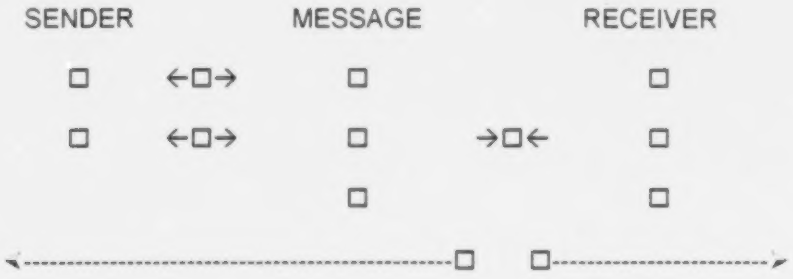
4. **Refer** participants to page 6 in their packets: "Basics of Communication."

5. **Ask:** "Which component is most important?" Record responses on newsprint.

6. **Create** three columns on the wall using Post-Its labeled, "Sender," "Message" and "Receiver."

7. **Direct** participants to arrange their Post-Its under the category that best describes the problem. This should be done without talking.

Explain that if the problem includes two components, put the Post-It between like columns. If the problem includes all three components, put it on the bottom of all. Example:



8. **Explain** that in any communication event, *all three* components are critical to consider. Tell participants to keep these communications problems in mind as the module proceeds and to look for possible new skills and strategies to apply.

[*TRAINER NOTE:* If you become aware, as a result of this exercise, of some serious communication breakdowns at the facility, you might want to inform staff development personnel about your observations.]

NOTES: ____

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Purposes of Communication

FOCUS: **To enhance participant awareness of the purposes of communication and to introduce the idea of a "customer service approach"**

TIME: **20 Minutes**

TRAINING PROCESS:

[*TRAINER NOTE:* The purpose of this activity is to foster participant thinking about the many variables in the communication process. It may also serve as a way to introduce the discussion of communication barriers.]

1. **Ask:** "What is the purpose of communication?" Record responses on newsprint.

   [*TRAINER NOTE*: See if you can frame participant responses into "collecting, verifying, and exchanging information" as a lead into - "The Purposes of Communication at Work" page below.]

2. **Refer** participants to page 7 of their packets: "The Purpose of Communication."

3. **Explain** that the last purpose listed: "to gain or retain goodwill," is directly related to the idea of a "customer service approach."

4. **Ask** the following questions to generate a discussion about customer service:

   - Who are Northeast Health's customers?
     residents / families / co-workers / supervisors
   - What's the difference between "internal" and "external" customers?
     Internal: paid by same agency
     External: anyone outside of your agency
   - What is "goodwill?"
   - Why would you want to gain and retain (get and keep) goodwill?
   - Why are customers and communication important?
     If you don't know what they want and they don't know what you offer it can lead to communication breakdown. If people are unhappy, they will tell others and that's bad for business.

5. **Direct** participants to pair and complete the "Purpose of Communication" page by writing two examples of each purpose that they use on the floor.

6. **Refer** participants to page 8 of their packets: "Communication Problems on the Floor?" and ask: "Have any of these events happened to you?"

7. **Direct** participants to pair and tell each other the circumstances of the event.

8. **Facilitate** a go-round so that participants can share their experience with the large group.

9. **State** that there are always going to be barriers to communication. The goal is to become skilled at finding effective strategies around the barriers.

10. **Ask** if anyone had a positive outcome or perhaps had not run into any of these problems? Ask participants to describe a positive outcome.

    - What happened positively in the interaction?
    - What could have made negative interactions better?
    - What happened in positive interactions?

NOTES: ______________________________

Barriers to Effective Communication

FOCUS: **To enhance participants' awareness of barriers to effective communication and to enhance communication-related vocabulary**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 9 in their packets: "General Communication Barriers."
2. **Direct** participants to write what they think the quotation in the box means.

   Ask for volunteers to explain the meaning.
3. **Introduce** a new vocabulary word: "illusion". Explain that "illusion" is almost always present when there are barriers to effective communication. For instance:
   - the illusion that we are understood when we are not
   - the illusion that we understand what someone else is communicating, when we don't really understand
4. **Ask** : "Do you think the communication process sounds pretty easy so far?

   "Then why doesn't it work?
5. **Ask** participants what the word "barrier" means. Use a dictionary if necessary. Direct participants to add "barriers," if it is a new word, to their "Vocabulary Discovery" sheet.
6. **Ask** participants for examples of times when an illusion caused a barrier to communication.

   (Example: The Charge Nurse thinks she has a good sense of humor and other people enjoy her, but many people think her humor is rude and borders on insulting.)

7. **Refer** participants to the list of barriers and definitions on page 7: "General Communication Barriers."

8. **Direct** participants to partner and write examples together per instructions on the "General Communication Barriers" page.

   [*TRAINER NOTE:* Make certain training partners are rotating for optimum group interaction. If this doesn't happen naturally, or if participants are reluctant or resistant to rotate, assign partners. Inform the group that this method provides the best opportunity for information sharing and establishing support networks which they will draw upon after the training program is over.]

   a) **Instruct** partners to be prepared to present to the group a minimum of two examples.

   b) **Inform** participants *NOT* to identify the barrier when they share their examples with the group.

   c) **Direct** each pair to present their examples to the group.

   d) **Direct** the rest of the group to identify the barrier based upon the examples.

   [*TRAINER NOTE:* Example of a work related communication barrier:

   - Lack of teamwork on the floor because some experienced CNAs are using hidden agendas when dealing with NATs.
   - Giving too much responsibility to NAT, stating "You need to learn to do this on your own" while planning to extend their break by five or ten minutes.]

NOTES:

Personal Communication Barriers

FOCUS: **To give participants an opportunity to identify and analyze possible personal communication barriers**

TIME: **35 Minutes**

TRAINING PROCESS:

[*TRAINER NOTE:* This section offers valuable information to the trainer. Look for subtleties in participant responses that indicate problem tendencies within the group such as negative attitude, low self-esteem, or lack of professional communication skills. Customize the manner in which you facilitate the rest of this module and future modules by focusing more strongly on skills that will address these problem areas.]

1. **Refer** participants to page 10 in their packets: "Personal Communication Barriers."

2. **Ask** participants to share what they think the quote in the box means.

3. **Point** out that there are two potentially new words: perception and consequence.

4. **Explain** that the following exercise focuses on the role of perception in the communication process:

   When the receiver of a message *perceives* a different message from the one that was actually sent or when the sender sends a different message than the one s/he *perceives* was sent, the consequence can be distorted communication.

5. **Direct** participants to take test on page 8 and reflect upon their answers.

   [*TRAINER NOTE:* You may find that some participants or even whole groups will be reluctant to disclose information in this area.]

6. **State** that the more "yes" answers participants check the more likely it is that they are inviting barriers that interfere with the communication process.

7. **Ask** participants to reflect on their own experiences regarding perceptions in communication in both sender and receiver roles.

   [*TRAINER NOTE:* If participants are drawing only on non-work related examples, move the discussion to work-related perceptions, i.e., nursing assistant training, residential environments, healthcare teams, experienced CNAs, attitudes, etc.]

8. **Elicit** examples of perceptions in communication and discuss possible consequences, touching upon the following points when appropriate to participant examples:

   - Perceptions can be either positive or negative:

     Example: A NAT has a perception that the experienced CNAs are viewing him in a hostile manner.
     Consequence: The NAT acts defensively toward the CNAs.

     Example: A NAT has a perception that the supervisor likes her work better than anyone else's.
     Consequence: The NAT is upset when the supervisor critiques her work and she ends up feeling like a failure.

   - Liking or disliking the sender or the message can distort perceptions.

     Example: A NAT has a particularly strong dislike for a CNA who is explaining how to care for a new resident.
     Consequence: The NAT doesn't listen carefully and makes an error.

   - A sender's words say one thing, but their non-verbals say another.

     Example: A CNA tells a NAT that he did a task correctly, but her body language shows irritation.
     Consequence: The NAT does not know if he did the task correctly or not.

   - The receiver's values and attitudes can distort perception of the message.

     Example: Two experienced CNA's offer help and advice to a NAT. However, the NAT interprets this as "interfering" and "bossiness".
     Consequence: Because of the receiver's perception, in this case the NAT, the person blocks out genuine offers of assistance because s/he feels "over-watched" and/or "criticized." This may lead the person to avoid these people, thereby reducing performance outcomes.

9. **Optional Exercise:**

[*TRAINER NOTE:* This exercise can increase the trust and safety level of the group, thereby creating a more comfortable continuing learning environment. More importantly, it can help to establish trusting relationships between participants, a condition essential to team building and ongoing communication, and one that will hopefully be transferred to the unit experience. You may opt to move this exercise to a later training session if you feel it is too soon for any given group. You may also assess that it is not appropriate at any time for some groups.]

a) Use a "round-robin" technique: Break into two groups and form one circle facing out and the other facing in so that pairs are formed.

b) Give each pair about three minutes to share perceptions of one another, the training thus far, staff they have encountered, and so on.

c) Do **NOT** ask participants to share with large group. If instructor feels comfortable s/he may join the round-robin.

d) Facilitate a large group sharing regarding how it was to tell and hear perceptions.

NOTES: ______________________________

Communication Role Play

FOCUS: **To provide an opportunity to practice and reinforce communication skills**

TIME: **30 Minutes**

TRAINING PROCESS:

1. **Explain** that one of the best ways to learn new skills is to practice them, and that one effective way to practice is to do role-playing.

2. **Refer** participants to page 11 in their packets: "Barriers to Communication: Role Play" and give time for participants to read it.

3. **Write** on flipchart the five W's plus "How":

   "Who, What, When, Where, Why" and "How"

4. **Explain** that the five Ws plus "How" are an efficient tool for honing communication skills. If all six questions are considered, it is likely that no piece of information critical to effective communication will be overlooked.

5. **Tell** participants to keep these questions in mind during role play interactions. Mention that the more we practice, the more proficient we become. Eventually this mental process will become automatic, dropping out some of the W's when they are not necessary.

6. **The Role Play:**

   a) **Challenge** participants to be "creative" in their role play.

   b) **Explain** that the only *ground rules* will be:

      - no real names of staff or residents.
      - must be workplace situation that they experienced or observed.

   c) **Explain** that those in the audience role will fill in the questions on pages 12-13 "Role Play Guidelines: Negative Role Play" and "Positive Role Play." A guideline sheet should be filled out for each role play observed.

Using Questions Appropriately

FOCUS: **To enhance participants' understanding of the importance of questioning in the communication process**

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Explain** that the five W's plus the "How" considered in the following ways can play a very important role in helping to ensure that the questions participants ask are appropriate:

   - ***Who* am I asking the question of?**

     Am I asking a CNA a question only a supervisor can answer?

   - ***What* am I asking**?

     Am I clear about what information I'm looking for before I start talking so that my questions are clear and straight to the point?

   - ***When* am I asking it?**

     Am I asking a question about routine matters during a crisis?

   - ***Where* am I asking the question?**

     Am I asking a question in a location where others might hear information not intended for them?

   - ***Why* am I asking the question?**

     Is this information I really need to ask for?

   - ***How* am I asking the question?**

     What kind of attitude am I having when I ask the question, i.e., Am I being forthright or shy? Respectful or disrespectful?

2. **Refer** participants to page 14 in their packets: "Using Questions Appropriately."

3. **Direct** participants to partner or use the whole group depending upon group size.

4. **Direct** partners to follow the directions on the page and answer the questions together.

5. **Ask** if everyone is clear about the difference between open and closed questions. If not, explain further.

NOTES:

Summary and Closure

FOCUS: **To review key ideas and objectives of the module**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Review** key ideas of the module:

    - Examples from Alice in Wonderland about causes of miscommunication
    - Key elements of communication
    - Purposes of communication
    - General barriers to communication
    - Personal barriers to communication
    - Role of perception in the communication process
    - Pointers learned from the role plays

2. **Administer** the "Learner Post-Assessment" on page 15.

    [TRAINER NOTE: You may wish to read off the answers from the "Learner Assessment: Answer Key" on the last page of this Guide. Participants can self-correct, trade papers, or tear out and hand in assessments to the trainer.]

3. **Ask:** "Have the "Learning Objectives" for this module been met? Do you now have the skills listed in the "Learning Objectives' on page 1 of your packets?"

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them to communicate effectively.

5. **Refer** participants to page 16 in their packets and request that they take five minutes to fill out the "Summary and Closure" sheet.

6. **Explain** that this is the time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about five minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share any points from the paired sharing with the larger group.

9. **Ask** participants to share new vocabulary words, encouraging everyone to offer at least one word.

10. **Direct** participants to put their "Summary and Closure", "Vocabulary Discovery", and "Learner Post-Assessment" sheets into their Personal Learner Portfolio.

11. **Collect** Personal Learner Portfolios.

12. **Thank** and acknowledge everyone for their participation.

13. **Conclude** the session.

NOTES:

Learner Assessment: Answer Key

A. Fill in the blanks with the correct answer(s).

***Scoring Directions:* Give 5 points for each correct answer.**

1. Sender (Answers 1, 2, and 3, are the ideal answers and can be in any order. However, any other terms that indicate the three components are acceptable--example: Talking, What they say, Listening. Nonverbals is not a correct answer.)
2. Message
3. Receiver

4. & 5. Acceptable correct answers: Obtain information
Give information
Explain
Direct/Construct
Gain goodwill
Retain goodwill
(may be paired in any combination)

6. & 7. Acceptable correct answers: Emotional blocks
Hostility
Hidden agendas
Defensiveness
Personal ideas and beliefs
Physical environment
Physical/Emotional state
(or any other phrases that express barriers, paired in any combination)

8. & 9. Anything identified as a personal barrier is acceptable.

10. Nonverbals or Body Language are acceptable answers.

B. Fill in True or False (T or F) on the blank line provided opposite the question.

***Scoring Directions:* Give 5 points for each correct answer.**

1. F
2. F
3. F
4. T
5. T
6. F
7. T
8. F
9. F
10. T

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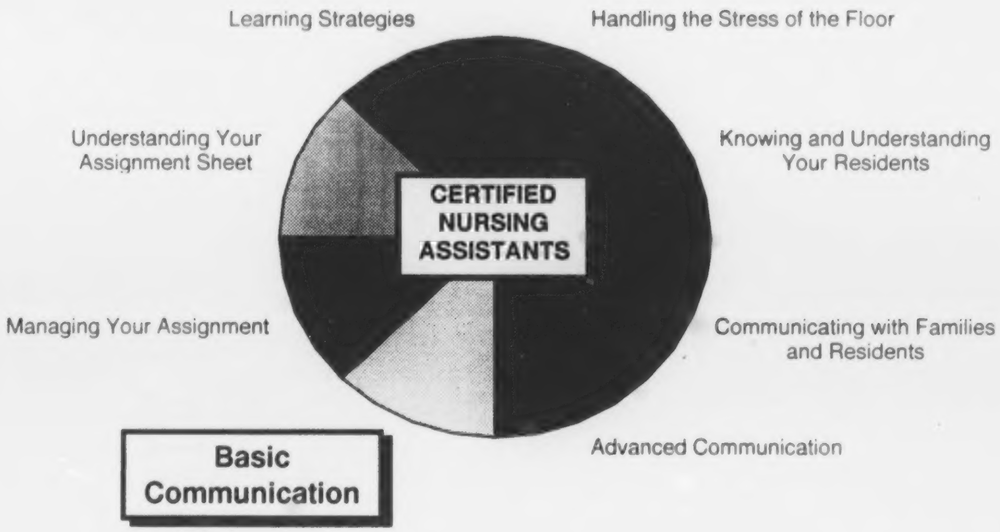
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care



PARTICIPANT PACKET

BASIC COMMUNICATION

PARTICIPANT PACKET

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Learning Objectives

Basic Communication

Upon completing this module, participants will be able to:

- **Identify the three components of basic communication**
- **List two purposes of communication on the floor**
- **Recognize barriers that adversely affect service delivery to residents and take steps to reduce communication blockers**
- **Enhance awareness of how personal behaviors interfere with the communication process on the floor and with residents**
- **Demonstrate how to ask effective questions to seek help and information from peers and supervisors**
- **Define 'open' and 'closed' questions**

Personal Contract

Directions: Write down your thoughts before you start this module.

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

Vocabulary Discovery

Directions: During the course of this module, write below any new words or abbreviations you have learned and their meaning.

Learner Pre-Assessment

PART A
Fill in the Blanks:

Basic communication requires three components. They are **1.**____________________, **2.** ____________________, and **3.** ____________________. Two *purposes* of communication are to **4.** ____________________ and to **5.**____________________.

Two *general* barriers to effective communication are **6.** ____________________ and **7.** ____________________. Two *personal* barriers to effective communication are **8.** ____________________ and **9.**____________________.

Research shows that most people communicate using **10.** ____________________

PART B
True/False

1. Body language is not important in the communication process as long as we speak clearly. ____
2. *How* something is said is, often times, not as important as *what* is being said. ____
3. Breakdowns in communication do not impact the quality of resident care. ____
4. Questions are tools that help us gather information. ____
5. The way you ask questions can control the answers you receive. ____
6. A closed question is a long, complex question. ____
7. An open question invites multiple responses. ____
8. Poor communication does not contribute to conflict. ____
9. Communicating a professional image is not the responsibility of a CNA. ____
10. To "gain or retain goodwill" is directly related to the "customer service approach". ____

Overview

> "When I use a word," Humpty Dumpty said in a rather scornful tone, "it means just what I choose it to mean -- neither more nor less."
>
> "The question is," said Alice, "whether you can make words mean so many things."
>
> "The question is," said Humpty Dumpty, "which is to be master -- that's all."
>
> ♦"Through the Looking Glass"
> Lewis Carroll

You will communicate in your job to exchange information which will influence the thoughts, feelings, and actions of others. Effective communication should promote cooperation among staff members. It eliminates misunderstanding, confusion, and feelings of distrust. It is, therefore, necessary for all unit and healthcare staff in general to understand the basics of communication and to realize that *how* something is said is, often times, more important that *what* is being said.

Since so many possibilities of misunderstanding exist, the person sending the message must have a clear understanding of what the pieces of communication involve. Poor communication skills result in both interpersonal and unit problems. When interpersonal problems arise, new CNAs may experience difficulty asking questions and finding resources. Poor communication also contributes to conflict with co-workers and residents, and can result in a failure to elicit important information. Breakdowns in communication impact on unit motivation, morale, and patient care.

It is the purpose of this module to approach the communication process by developing generic concepts and specific skills related to the residential environment. This module is sequenced to consider the basic components of communication, address reasons why people communicate, and explore barriers to communication which impact service delivery. The module also includes self-assessment checklists. In addition to verbal components, the module explores specific questioning, listening, and nonverbal communication skills. Because CNA status as a direct caregiver requires many interpersonal interactions, the question of communicating a professional image is of particular focus.

♦ Carroll, Lewis (1945, c1898), Alice's Adventures in Wonderland; and Through the Looking-Glass, Macmillan, New York.

Basics of Communication

Basic communication requires:

☑ **A Sender**

- translates ideas into words

☑ **A Message**

- words conveyed through gesture, facial expression, and body language

☑ **A Receiver**

- translates words and nonverbals into ideas

If any component is missing, communication does not take place.

The Purpose of Communication

In an age of expanding technology, exploding knowledge, and sophisticated communication systems and devices --the weakest element is human communication.

People communicate to collect, verify, and exchange information. This exchange includes interpreting non-verbals, active listening, using open, closed, and/or probing questions, and responding appropriately. The ***purpose* of a communication** may be to:

☑ **obtain** information, assistance, service, or a product

☑ **give** information, assistance, service, or a product

☑ **explain** a process

☑ **direct** or **construct**

☑ **gain** or **retain** goodwill

Give **two** examples of each communication **purpose** that you would use as a CNA or NAT on the unit:

Communication Problems on the Floor?

	Yes	No
1. My question(s) was answered clearly.	☐	☐
2. My question(s) was ignored.	☐	☐
3. The answer I heard was not clear.	☐	☐
4. Nonverbal body language made me hesitate to ask a question.	☐	☐
5. The person that I spoke to was listening to me.	☐	☐
6. I left the communication interaction either knowing *exactly* what I had to do on the floor or was *directed* to the best resource.	☐	☐
7. (If your resource was an Assignment Sheet, Care Plan, or other document) I knew exactly where to find it and how to read/interpret it.	☐	☐
8. I wasn't sure of the question(s) I had to ask.	☐	☐
9. The person I asked for information helped me clarify and gave me positive nonverbals.	☐	☐
10. When I communicate, I always consider the "Who," "What," "When," "Where," "Why," and "How" of the conversation.	☐	☐

General Communication Barriers

The greatest problem in communication is the illusion of it.

Directions: Give specific examples of the barriers listed below that have happened to you or that you have observed happening on the floor.

Emotional Blocks: Little or none of the message comes through to the listener. The listener hears the message only through his/her needs and interests.

Example:

Hostility: The receiver is angry with the sender or the subject matter of the message.

Example:

Hidden Agendas: People bring personal self-serving motives that are not related to the message and are not obvious to the listener.

Example:

Defensiveness: A person's insecurity may disrupt the message by hearing an accusation when it doesn't exist.

Example:

Personal Ideas and Beliefs: If the receiver holds strong views on a subject, he/she will ignore the message. Strong views may also cause the listener to become argumentative.

Example:

Physical Environment: Physical space can create conditions that interfere with clear communication.

Example:

Physical and Emotional State: A person's physical condition and emotions at the time may distract from the sending or hearing of a message. The message becomes distorted.

Example:

Personal Communication Barriers

Perceptions often have consequences.

Sometimes, by our behavior, we set up personal barriers that interfere with the message that we are trying to send. Barriers are often a matter of **perception**. This means that in many cases, it is ***how*** the person perceives what is said, rather than ***what*** is said.

Do you...	**YES**	**SOMETIMES**	**NO**
• make quick judgments?	☐	☐	☐
• speak very generally and not specifically?	☐	☐	☐
• interrupt frequently?	☐	☐	☐
• become annoyed or irritable if you are not being understood?	☐	☐	☐
• ramble on and talk too much?	☐	☐	☐
• sound too bossy?	☐	☐	☐
• sound like you're whining or complaining?	☐	☐	☐
• seem ready to argue?	☐	☐	☐
• talk down to people?	☐	☐	☐
• come across as being sarcastic?	☐	☐	☐
• have negative nonverbals while trying to be pleasant?	☐	☐	☐

"Yes" answers indicate that you may be inviting barriers in the form of perceptions that will interfere with the communication process.

Barriers To Communication: Role Play

STEP 1: Create a role play that illustrates a "negative" communication process that either happened to you personally or was something you observed on the unit. Choose a group leader who will describe the scenario to the rest of the group. The group leader should include in the description, the "who", "what", "when", "where", and "why" of the scenario. The role play will show "how" the communication took place. Rotate audience and group roles.

STEP 2: Reconstruct the same role play with "positive" outcomes. The role play should show "how" to do it correctly.

STEP 3: Each audience for the role play will use the role play guidelines on the following pages to write down comments. Comments will be withheld until all role plays have been completed. Be prepared to share responses with the group.

Role Play Guidelines: Negative Role Play

Directions: Fill in the following questions as you observe the role play. Be prepared to discuss in the large group.

1. Did the group leader clearly set up the scenario including the "who," "what," "why," "when," and "where" of the role play?

2. Noting the above question, were any of the five "W's" left out? Which one(s)?

3. Write down a minimum of two negative nonverbals that you observed:

   a.____

   b.____

4. What was wrong with the verbal message?

5. Were the "right" words used?

6. Did the tone of voice or pitch contribute to the negative outcome?

7. How did the listeners act and/or respond?

8. Write down anything else you observed.

Role Play Guidelines: Positive Role Play

Directions: Fill in the following questions as you observe the role play. Be prepared to discuss in the large group.

1. What changed in the role play?

2. Write down a minimum of two positive unspoken cues that you observed:

   a) ____

   b) ____

3. What made the verbal message better or clearer?

4. Were different words or approaches used that were more positive? What were they?

5. Was there a change in the voice tone or pitch? Why did it prove positive? Write down specifics.

6. Did the listeners act or respond differently? If they did, consider why. What made the difference?

7. Write down anything else you observed.

Using Questions Appropriately

Questioning is important because by asking questions you help yourself learn. Questions are tools that help us gather information, interact with others, and clarify what we know. Asking questions during training class, before reading, or at any other time will assist you in finding answers that you will retain in your memory.

The way you ask questions can control the answers and information that you receive or don't receive.

Example: ***Closed Questions*** are simple, short answer yes or no questions. These questions ask for a specific answer.

Example: ***Open Questions*** lead to more information by inviting multiple responses. These questions are usually more complex.

Directions:

Ask your partner two ***closed*** questions that you might use during Nursing Assistant training or on the floor. Write down the questions on the lines provided:

1. ____

2. ____

Ask your partner two ***open*** questions that you might use during Nursing Assistant training or on the floor. Write down the questions on the lines provided:

1. ____

2. ____

Learner Post-Assessment

PART A.
Fill in the Blanks:

Basic communication requires three components. They are **1.** ______________________, **2.** ______________________, and **3.** ______________________. Two *purposes* of communication are to **4.** ______________________ and to **5.** ______________________.

Two *general* barriers to effective communication are **6.** ______________________ and **7.** ______________________. Two *personal* barriers to effective communication are **8.** ______________________ and **9.** ______________________.

Research shows that most people communicate using **10.** ______________________

PART B.
True/False

1. Body language is not important in the communication process as long as we speak clearly. _____
2. *How* something is said is, often times, not as important as *what* is being said. _____
3. Breakdowns in communication do not impact the quality of resident care. _____
4. Questions are tools that help us gather information. _____
5. The way you ask questions can control the answers you receive. _____
6. A closed question is a long, complex question. _____
7. An open question invites multiple responses. _____
8. Poor communication does not contribute to conflict. _____
9. Communicating a professional image is not the responsibility of a CNA. _____
10. To "gain or retain goodwill" is directly related to the "customer service approach". _____

Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair with another person and share your thoughts. When you are done, put this page in your Personal Learner's Portfolio.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

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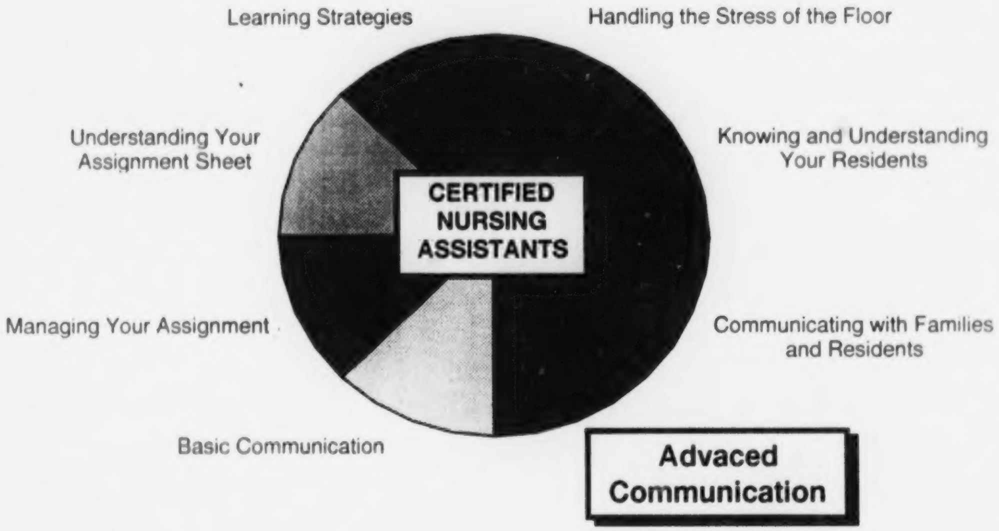
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advaced Communication

TRAINING PROCESS GUIDE

ADVANCED COMMUNICATION

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Prepare an audiotape of an actual shift report from the participants' residential healthcare facility (optional - see *Listening Exercise: The Shift Report*).
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Tape Recorder (optional)
Medical Abbreviation Dictionary (recommended)

Participants
Participant Packets
Highlighters, Pencils, Pens
Personal Learner Portfolios (recommended)
Vest Pocket Dictionaries (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

ADVANCED COMMUNICATION

Rationale and Goal

Supervisors identified a need for new nursing assistants to be able to listen to directions selectively, promptly, and with an ear toward prioritizing. In addition, specific skills associated with shift reports need to be addressed, such as the comprehension and expansion of vocabulary, context, and implied information.

It is the goal of this module to continue communication skill building by developing specific skills in communication as they relate to the residential care environment, including interactions between new assistants and experienced staff and between new assistants and supervisors. This module builds upon the concepts and skills covered in the previous module, and moves to discussion and practice of listening skills. It also explains the importance of non-verbal communication as it impacts the quality of residential care. Extensive use of case studies provides an immediate and direct application of skills learned.

Learning Objectives

Upon completing this module, participants will be able to:

- Differentiate between hearing and listening
- Develop skills to listen for "key" and "cue" words for prioritizing tasks in the workplace
- Recognize the importance of mastering interpersonal skills to enhance professional image
- Identify components of communication and improve their own professional image through increased skill awareness of verbal and nonverbal messages
- Distinguish between assertive, aggressive, and passive responses
- Draw upon enhanced workplace related vocabulary

Competencies

- Responding to directions by listening for cue and key words and ideas
- Presenting information clearly and logically in a variety of situations that involve staff, residents, and families of residents
- Requesting help and information by asking appropriate questions
- Interacting positively through verbal and nonverbal communication to the healthcare team and residents
- Conducting themselves with courtesy and tact in the workplace environment
- Recognizing the importance of communicating a professional image

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives.* There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE:* If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE:* Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets.* This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

[*TRAINER NOTE:* You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. **Give** participants time to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets.* Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment.* You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

Listening: The Neglected Skill

FOCUS: **To introduce the concept of listening as one of the most important communication skills and to enhance participants' workplace related vocabulary**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Refer** participants to the anecdote in the framed box on page 5 of their packets.

2. **Ask** participants if they can define the word "anecdote."

   (definition: *a short, interesting tale*)

   Write the definition on newsprint and remind participants to write this and any other words that are new to them on their "Vocabulary Discovery" sheets.

3. **Mention** other possible new words: *passive / amidst / din / baseline*

4. **Ask** participants to write what they think the quotation means.

5. **Direct** participants to turn to a partner and share their thoughts with each other

6. **Facilitate** a brief discussion about what participants think of the quote.

7. **Have** participants think back over the role plays they did at the end of the "Basic Communication" module.

   Ask: "How did listening effect outcomes?

   "Were situations and interactions negative because of poor listening?"

   (Use as many direct examples as possible from the role plays.)

8. **Facilitate** a brief discussion about the sheet, "Listening: The Neglected Skill" on page 5 of the Participant Packets. The following points and questions may provide some focus:

   - What is the difference between active and passive listening?
   - Emphasize that "skills can be learned". Listening is a "skill to be learned."
   - Are hearing and listening the same? Why or why not?

NOTES

A Self-Assessment on Listening

FOCUS: **To provide participants with an opportunity to test their own knowledge about listening skills and to introduce daily communication skills necessary on the floor**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Direct** participants to complete the "Check Your Knowledge: Listening" self-assessment on page 6 of the Participant Packet.

2. **Review** correct responses with the group. As you review each response, quickly ask the group for some workplace examples or supply some, where appropriate.

   [*TRAINER NOTE*: Items 1, 2, 3, 5, 7, 8,11,14, and 15 are TRUE. Items 4, 6, 9, 10, 12, and 13 are FALSE.]

3. **Remind** participants of the three basic components discussed earlier.
   Sender / Message / Receiver

4. **Refer** participants to page 7 of their packets: "Why Do We Listen?"

5. **Direct** participants to take turns reading the bullets on this page aloud.

6. **Facilitate** a brief discussion of the page "Why Do We Listen?" stressing skills underlined on page 7 of the Participant Packet.

7. **State** that all these skills apply to the daily tasks of direct caregivers.

Listening Exercise: The Shift Report

FOCUS: **To enhance listening skills for gathering information**

TIME: **25 Minutes**

TRAINING PROCESS:

[*TRAINER NOTE*: Ideally, a tape recording should be used in this exercise of an actual oral shift report from the healthcare facility. Otherwise, read aloud the "Sample Shift Report"]

1. **Explain** that in this section participants will be practicing "active listening" and applying their listening skills to a sample oral shift report.

2. **Refer** participants to page 8 of their Participant Packets, "Listening: The Shift Report."

3. **Explain** that the purpose of this exercise is to develop and enhance:
   - listening skills for information
   - listening skills for key words
   - listening skills for questions that should be asked - that you need to ask
   - listening skills for open and closed questions: Are they appropriate, i.e., do you need more/less information to perform effectively
   - listening skills for baseline information

4. **Direct** participants to take notes on each resident and to be prepared to discuss what questions should be asked during the oral report.

5. **Play** the shift report recording or read aloud from the "Sample Shift Report" on the following page.

Sample Shift Report

"A Script for Ten Residents"

1. **Tell** participants that they will now listen to a shift report describing ten residents in six rooms. Participants should write down important key words and questions regarding each resident described below.

   - Participants are not allowed to ask questions during the reading of each room number.
   - Once all ten residents' conditions have been read aloud without interruption, the participants can discuss and share the questions they would ask regarding each resident.
   - Refer to the *"Trainer Notes and Sample Questions"* on the following page once discussion has begun.

2. **Read** aloud:

Room 200 - "She's on an antibiotic for an upper respiratory infection. Her 'temp' was 98.4. She also has a loose, non-productive cough. She's out at the moment shopping. She's on a shopping trip."

Room 201 - "She's been okay today—no special problems. We did have her tube feedings changed back to 7 to 7 for a little while because we thought she'd eat better in the morning. Well, we had to change her back to 8 to 8 because we don't have a doctor's order yet to change it-- just so you know why we changed it back again."

Room 202 A - "She's fine. Now, you weren't here last week. She's got a cast on her right forearm. She got a fracture on her ulna. It was a spiral fracture. She had to have it 'casted'. But, she's doing fine."

Room 202 B - "She's okay. No special problems."

Room 203 A - "He's a 'new admit'. He came in Friday. He's 85 years old and he does get confused. He's been pretty good all day today. He does get confused at night. Sometimes he makes inappropriate remarks to the ladies. So, you just have to watch out for him. Blood pressure is 160, temperature is 99.5, pulse is 80, respiration is 20. He's eating good. He's voiding okay. He's incontinent, yet, I think he's more relaxed. He seems to be coming around, I think, a little bit more."

Room 203 B - "His blood sugar early this morning was 135. Julie didn't tell me what his 10 o'clock was. I'll check with her on it to see if she had to give him coverage."

Room 204 A - "She's good. She still has remnants of a cold, but she's better."

Room 204 B - "She's alright. She has to go back to bed just before lunch. But, we did keep her up for lunch. I'm not sure, exactly, if she's back there now or not. She may be lying down."

Room 205 A - "I had to 'disimpact' today for a large amount of very hard stool. And then I could still feel more. So, we gave her a 'Fleets'. Now she's gone three times all totaled. Plus, she had a dose of 'Milk of Mag', so she will go again. But, she has been so uncomfortable and crying all day long to the point where she was hitting herself on the forehead so hard she's got a bruise because she can't communicate to us."

Room 205 B - "She's still got some bandages on her forehead. They have to be cleaned with peroxide and water. Karen did that. She fell on the 21st and went out and had stitches. A plastic surgeon saw her at the ER. She's been back a couple of times for him to look at that and it's doing okay. But, she's still got a white pus patch there and it's very dried and adhered to it. We're just cleaning that and eventually it will probably be alright. She also had a skin tear on her hand that we're dressing, but it's healing. And that's it!"

3. **Stop** Reading.

"Trainer Notes and Sample Questions"

Room 200 A non-productive cough is dangerous and should not be taken lightly. It needs to be watched.
Questions: Why is this resident out on a shopping trip? Is it okay for her to be out in public now? How long will she be out of the building?

Room 201 Feeding times should only be changed with a doctor's orders.
Questions: Who changed the feeding time in the first place and why? Did they have a doctor's order?

Room 202 A Describing a resident with a fracture as 'fine' is questionable.
Questions: How did she fracture her arm? Are there any activities she shouldn't be doing now? What should I watch for? Is she on any pain medication?

Room 202 B Describing any resident as 'okay' is not enough.
Questions: What is the 'baseline' for this resident? Is there any other prior information I should know about?

Room 203 A A 'new admit' should be reviewed more completely in a shift report than a 'known' resident. A CNA needs to ask many more questions about a 'new admit'.
Questions: Where did he come from? What other special medical needs does he have? Is there a report available for more information? Is anyone tracking his behavior for positive or negative changes?

Room 203 B Any variables in vital signs should be taken as a warning to check on a resident more frequently.
Questions: Is this a new condition? Has this happened before? Is there a reason for this condition? When did it first start? Will you or Julie document the 10 o'clock check?

Room 204 A Again, describing someone with a cold as 'good' is questionable.
Questions: Is she still on any medication for her cold? What were the symptoms of the cold? Should I watch for anything special?

Room 204 B If a resident has a change in daily routine, the CNA needs to know why.
Questions: Why was she kept up for lunch today? Who decided to have her go back to bed just before lunch? When was it decided and why?

Room 205 A Residents who can't communicate need more attention, especially attention to their nonverbals. A key learning point here is the need to anticipate a resident's need so that she doesn't get to the point of crying and causing herself more harm.

Room 205 B Any problems concerning skin breakdown in the elderly needs careful attention.
Questions: How did she fall? Are there some activities she shouldn't be doing now? What time did Karen clean the wound? How often should we clean the wound?

[*TRAINER NOTE*: Stress the importance of CNAs listening for key words during shift reports in order to ask key questions that would lead to the best possible quality care.]

6. **Ask:** "Why it is important to know about *all* the residents on the floor?"

7. **Call** to participants' attention the absence of nonverbals in listening to the shift report, and stress the following points:

    - Reading "nonverbals" is an extremely important aspect of effective communication. We do it all the time.
    - Whenever possible and appropriate, NATs and CNAs should be physically present for the shift report.

8. **Review** all medical words, terms, and procedures mentioned in the shift report that participants have identified as new or unknown. Ask participants to add to their *Vocabulary Discovery Sheets*. (Possible new term: enteric precautions)

NOTES:

Body Language

FOCUS: **To reinforce the importance of nonverbal communication and to enhance vocabulary development**

TIME: **35 Minutes**

TRAINING PROCESS:

1. **Refer** participants to pages 9 & 10 of their Participant Packet. Ask participants to refer to the framed quote on page 9.

2. **Ask**: "What does the quotation in the framed box mean?"

3. **Direct** participants to write down any new words on their "Vocabulary Discovery" sheets.

   Possible new words:

   hiss
   slouch
   posture (primarily for spelling)
   beam (usage in quote)
   strive
   modify
   soothing alter (usage in quote)

4. **Direct** participants to think back to the role plays. Facilitate a discussion about the positive and negative nonverbals that occurred in the role plays.

5. **Explain** that so far, two elements of communication have been addressed: speaking and listening. The third factor is nonverbal or "eye - listening".

[*TRAINER NOTE:* Two options are offered here to complete the section on body language. Option I takes less time. Option II offers a more in-depth exploration of nonverbal communication.]

Option I:

a) **Read** the "Body Language - Self-Assessment" pages out loud, eliciting feedback and answering questions. Demonstrate various body language as appropriate.

Option II:

a) **Direct** participants to form small groups or to work in pairs depending upon the size of the whole group.

b) **Assign** a different example of body language (based on the "Body Language: Self-Assessment" sheets) to each group or pair. Direct each group to create a brief scenario in which to demonstrate their example. (Scenarios may be of positive or negative expressions of body language but should be work-related.)

- facial expression
- movement
- touching
- sighing
- inappropriate word choice
- gestures
- chewing gum
- voice tones
- body posture

c) **Facilitate** a go-round in which each group demonstrates their example of body language, and discuss as a large group.

NOTES:

Case Scenarios

FOCUS: **To provide participants with an opportunity to practice communication skills needed on the floor**

TIME: **75 Minutes**

TRAINING PROCESS:

1. **Refer** participants to the "Case Scenarios" beginning with an introduction on page 11 of their Participant Packet. This page introduces the characters Posey Hoyer-Lift and George Gait-Belt III. Read the introduction aloud.

2. **Explain** that Posey and George are fictional characters that will be used to support case studies and specific skills.

3. **Conduct** the five case scenario exercises.

   [*TRAINER NOTE*: All case studies serve as an integration activity. This means that scenarios address the key learning points of all preceding modules, incorporating communication skills to support the training initiatives. Trainers need to reinforce all objectives wherever possible.

   There are a number of methodologies available to the trainer using these case studies. Methods considered may be dependent on the number of participants, the flexibility of trainer to use more than one approach and the trainer's "read" of trainee maturity, style, and interests.]

   a) **Case Scenarios 1-3:**

   Use the *"Dialogue & Discussion"* activities provided at the bottom of each scenario page in the Participant Packet. This can be a paired, small group or large group exercise.

   b) **Case Scenario 4:**

   Use communication barrier information in the *"Dialogue and Discussion"* activity provided at the bottom of Case Scenario 4 in the Participant Packet to introduce the notion of "assertiveness." Discuss what being "assertive" means and how it differs from being "aggressive."

Ask what behavior Posey exhibited to introduce the notion of "passivity." Discuss the reasons why she was "passive" in this interaction. Promote assertive behavior in the workplace as a communication skill.

c) **Case Scenario 5**:

[*TRAINER NOTE:* Beware of participants using scenarios as opportunities to vent about procedures, supervisors, other shifts, etc. Although you may acknowledge that all is not always perfect, use the positives identified below as the types of steps we are taking to make certain that The Eddy is a customer-oriented healthcare facility.]

Key focus of each excerpt should be as follows:

- Excerpt (a): Importance of supportive team work
- Excerpt (b): Teamwork at the shift meetings, possibly rotating representatives, written communication (memos)
- Excerpt (c): Promoting new ideas is a positive action
- Excerpt (d): Assertiveness, finding information and resources, continuous learning and re-evaluating yourself and your career
- Excerpt (e): Assertiveness, professional image, peer pressure, cultural environment of facility - promote customer focus
- Excerpt (f): Focusing attention on possible solutions to problems
- In general: Positive use of praise, strokes, positive self-talk: "I can," "I will"

NOTES:____

Case Scenarios

ADVANCED COMMUNICATION

Featuring . . .

Posey Hoyer-Lift and George Gait-Belt III
Nursing Assistant Trainees (NATs)

and

The Magical Mentor for
Nursing Assistant Trainees

Posey Hoyer-Lift and ***George Gait-Belt III***, are fictional characters who are beginning their Nursing Assistant training. Posey and George will be observers to events and interactions on the floor, as well as actors involved in scenes from the workplace. In addition, you will also meet the *Magical Mentor.*

The ***Magical Mentor*** serves to assist and support George and Posey throughout their training. The *Magical Mentor* initiates dialogue, provides feedback, and generally provides insight and a supportive role as a coach to the NATs.

Time to move ahead with Posey and George and their *Magical Mentor......*

Case Scenarios

SCENARIO #1:
Posey Hoyer-Lift is on the 3 p.m. - 11 p.m. shift. It is time for dinner and Posey is expected to take her residents to the dining room on time. Posey was assigned Room 201, Residents A & B. She has both residents cleaned and ready to be transported to the dining room. She leaves resident A outside his doorway and brings resident B to the dining room. As she returns to transport resident A, she hears him yelling in a loud voice that he has "soiled himself" and needs to be cleaned. From the way he is yelling, it sounds as if he's been sitting in "soil" for a long time and none of the "nurses" care.

There are visitors in the hallway and in the dining room. The Charge Nurse tells Posey to "stop everything and immediately clean this resident." Posey tries to tell the Charge Nurse that it just happened, but she doesn't listen and gives Posey an earful about the importance of keeping patients clean in full view and ear range of the visitors. Posey cleans resident A and brings him to the dining room, and now she is late transporting the residents in room 204 to the dining room.

After finally settling her residents in the dining room, Posey is confronted by an experienced CNA and another nurse who are angry that she is late because they need help with feeding. Posey attempted to explain the situation and her directions from the charge nurse. Her co-workers don't want to hear the story and tell Posey that they don't care what the charge nurse said. "You," they told her, "upset the entire dining schedule and created more work for us." They ignored Posey for the rest of the shift.

Dialogue & Discussion:

Posey called her friend George the next day because she was so upset. Posey said the following to George:

- "How should I have responded to my co-workers?"
- "Should I have approached them later in the shift or do you think I should just continue to ignore them too?"
- "Should I tell the Charge Nurse what happened?"
- "On second thought, I'm not comfortable with the Charge Nurse either. She didn't listen or treat me right in front of the residents and visitors."
- "Should I just pretend the whole thing didn't happen and see if it goes away?"
- "Now I have bad feelings toward resident A, because he caused all of this trouble."
- "I hope I don't see those visitors again. They probably think I'm a bad nursing assistant who doesn't clean my patients."

What do you think George should say to Posey?

Case Scenarios (continued)

SCENARIO #2:
George Gait-Belt III is working today as a floater on Posey's floor during the 7 a.m. - 3:30 p.m. shift. Around 8:15, as he is making rounds in preparation for breakfast, the nurse manager interrupts him with two messages. The first is "Take Resident Jones to the hospital for a 9:30 back x-ray." The nurse doesn't say how long the resident will be at the hospital, but "you must stay with her and assist with transport to and from the hospital."

In addition, the nurse manager tells him that there is a new admission coming in around 11:00 and he needs to take her vitals every two hours. Also, he will be temporarily assigned to this floor for one week with the same residents he has today. The nurse manager excuses herself because she is extremely busy today, short staffed, and she has to meet with two doctors regarding resident care.

George completes one resident's care and proceeds to Resident Jones' room to see what preparation has to be done for the hospital transport. Since the patient can eat before a back x-ray, George feels, as he heads to the room, that breakfast will be first. When he arrives, Resident Jones is not there. Her roommate is not helpful since she has dementia. George begins to panic. Suddenly, George notices Posey and rushes over to her.

Dialogue & Discussion:

While George is happy to see Posey, since she is someone who may help him on the floor, Posey doesn't have much information because she doesn't know Resident Jones either.

- What kind of help or information should George be seeking at this point?
- Where and to whom may he go for resources?
- What essential information was not given to him regarding both Residents Jones and the new admit?
- What can co-workers do to assist George?

Are there any suggestions as to how the nurse manager might have handled or set up the communication process better so that George wouldn't begin to panic?

Case Scenarios (continued)

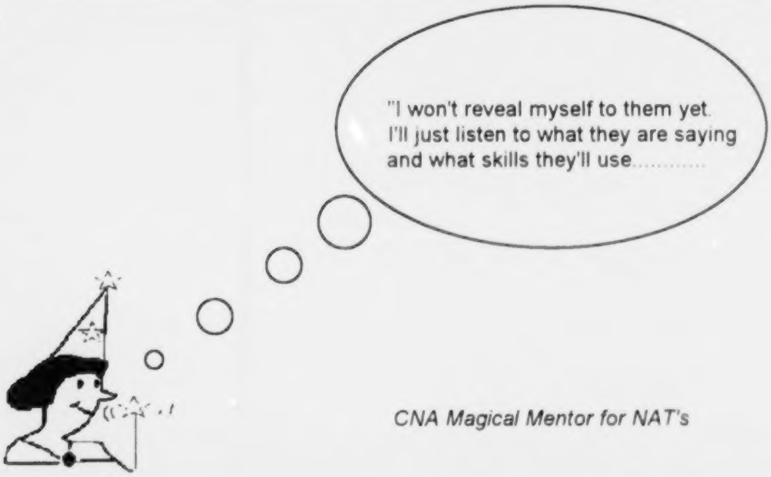
SCENARIO #3:
Posey is standing with two CNAs when suddenly another CNA comes charging out of a resident's room, rushes up to Posey's group, and demands to know who had Resident R. "One of you left a dirty Attends in her room." "Go get it now. It's not my job to clean up your mess." With this, she storms away from the group. Posey asks, "Why is she acting like that? She got everyone else mad at her." Posey heard the others say that they'll get even, "Who does she think she is talking to us like that?" The CNA who caused all the trouble tries to talk to Posey later on the shift. The other CNA's look at Posey, and Posey answers quickly, moves physically away from the CNA, and finds something to do to look busy for the moment.

Dialogue & Discussion for Group or Role Play:

When Posey catches up with George at break and tells him this story, he tells her that he could sympathize with the CNA who found the dirty Attends, but, he said, "There must have been a better way to address the situation."

What would have been a better way to handle this situation?

How should Posey respond to the CNA who caused the problem?


"I won't reveal myself to them yet.
I'll just listen to what they are saying
and what skills they'll use...........

CNA Magical Mentor for NAT's

Case Scenarios (continued)

SCENARIO #4:
Posey and George were on lunch break when a veteran CNA named Bonnie joined them. She had been off the day before and was complaining that when she heard the shift report today, all that was said for many patients was "same old, same old!". She said that "same old" was not much information. She didn't know for example, what happened to the residents the day before. "Were they depressed? Did anyone fall?". Also, Bonnie did mention that while she was on vacation for a week, one of her residents had been issued a posey, and she hadn't been informed. Because of this, she put her to bed without one.

Posey almost immediately stopped listening when she heard her name. Other than being named Posey, she was unfamiliar with how her name could be used in conjunction with a resident being put to bed. She didn't want to ask because she was embarrassed to let the experienced CNA know that she didn't know. Also, it appeared that George understood the meaning of the word and the context in which it was used. When the CNA and George looked at Posey for input to the conversation -- Posey just said "What?".

Dialogue & Discussion:

Bonnie had to repeat the whole story again to gain Posey's input. She was annoyed to begin with and was now even more so.

- What happened to interrupt this communication?
- What communication barriers prevented Posey from hearing what was said?
- What might have taken place to make this interaction better?
- Would being assertive have helped this communication exchange?

Case Scenarios (continued)

SCENARIO #5:
Posey and George decided to meet one Friday night for pizza. They were moving towards the end of their training and wanted to catch up on what was happening and to compare notes in preparation for the certification exam. The following excerpts are from their discussions:

Excerpt A: Posey pointed out that many co-workers, and other department staff, including supervisory staff, made her feel that she was 'in-the-way' and not moving along to do her job quickly enough. "You know, George, it seems as if no one notices me when I'm doing something right, just when I goof up."

Excerpt B: George mentioned that because of staff shortages he wound up floating to different shifts. He said that staff spent much time on each shift, finding fault with the previous shift. "I wonder if they talk to each other?" asked George.

Excerpt C: George said that one CNA spent some personal time working on new ideas for certain unit procedures. All the other staff got mad because they thought he was a 'know-it-all, trying to become the boss'. "You know, Posey, I thought he had some good ideas. Anyway, I'll never tell anyone a new idea because I don't want to be treated like that. Let them do everything the same old way."

Excerpt D: Posey mentioned that she noticed CNAs and NATs often didn't listen or weren't present during the shift report. She wondered how to present her case so that she could 'sit in' on the next shift report. She said that she thought it offered valuable information. Posey also said that she was already thinking about a career goal of becoming an LPN. She asked George where she should go to talk about her plans and if the facility offered any incentives to move up the career ladder. George said he didn't know where she should go.

Excerpt E: George told Posey that he felt some NATs and other healthcare staff were not professional in many respects. He wondered if he should mention these things and to whom he should go, or should he take it upon himself to correct the things he saw.

Excerpt F: Posey and George discussed a recent event where a new CNA, who had just completed training, got mad about something, quit, and walked right off the floor and out of the building. Included in this discussion was the high number of CNAs leaving. Posey said she thought much of this behavior might be due to poor communication. George agreed and challenged Posey to a brainstorming session as to what the poor communication might be. "If," George said, "you could offer a couple of solutions, I'll buy the next pitcher of soda."

Case Scenarios (continued)

Directions: Choose three excerpts from SCENARIO #5 on the previous page. Assume the role of Magical Mentor and either discuss, role play, or write in the three columns below the advice you would give to Posey and George.

In Excerpt ___ , I suggest . . .	In Excerpt ___ , I suggest . . .	In Excerpt ___ , I suggest . . .

Meet our Newest 'Magical Mentors'

"They made it through their training and passed the state certification exam . . . congratulations to our new Certified Nursing Assistants, Posey and George! "

Summary and Closure

FOCUS: **To summarize key ideas and review the *Learning Objectives* of the module**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Ask** participants to complete the "Learner Post-Assessment".

   [*TRAINER NOTE:* You have two choices at this time . . . you may read off the answers from the *Learner Assessment: Answer Key* and have participants self-correct and compare with their *Learner Pre-Assessments*, or score the assessments later and then meet with participants to discuss. You may want to have participants tear out this sheet and store it in their Personal Learner Portfolio.]

2. **Review** key ideas from the module:

   - Attentive listening is a critical component of effective communication
   - Reasons we listen: to understand, to interpret, to collect information, etc.
   - Lessons learned from the "Shift Report" listening exercise
   - The importance of nonverbal communication or body language
   - Lessons learned from the case scenarios

3. **Ask**: "Have the objectives of this module been met? Do you now have the skills listed on your "Learning Objectives" page?"

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them to be effective communicators.

5. **Refer** participants to the final page in their packets and request that they take 5 minutes to fill out the "Summary and Closure" sheet at the end of their packets.

6. **Explain** that this is a time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about 5 minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share any points from the paired sharing with the larger group.

9. **Ask** participants to share new vocabulary words, encouraging everyone to offer at least one word.

10. **Direct** participants to tear out their "Summary and Closure" sheets and place them in their Personal Learner Portfolios along with their "Vocabulary Discovery" sheets at this time.

11. **Collect** the Personal Learner Portfolios, attendance rosters, and any other required forms.

12. **Thank** and acknowledge everyone for their participation and conclude the session.

NOTES ____

Learner Assessment: Answer Key

A. Fill in the blanks with the correct answer(s).

***Scoring Directions*: Give 5 points for each correct answer.**

1. Listening

2. Skill

3., 4., & 5. Correct answers include:
to understand
participate
interpret
draw conclusions
explore
achieve a baseline
gain self-awareness
collect necessary information
determine priorities, etc.

6. Improved

7. & 8. Correct answers include:
frowning
eye rolling
unnatural smiling
lack of eye contact
tight facial muscles, etc.

9. & 10. Correct answers include:
hold your head high and steady
sit and stand straight (no slouching)
lean forward to listen to residents and co-workers, etc.

B. Fill in True or False (T or F) on the blank line provided opposite the question.

***Scoring Directions*: Give 5 points for each correct answer.**

1. F
2. F
3. T
4. T
5. T
6. F
7. T
8. F
9. T
10. T

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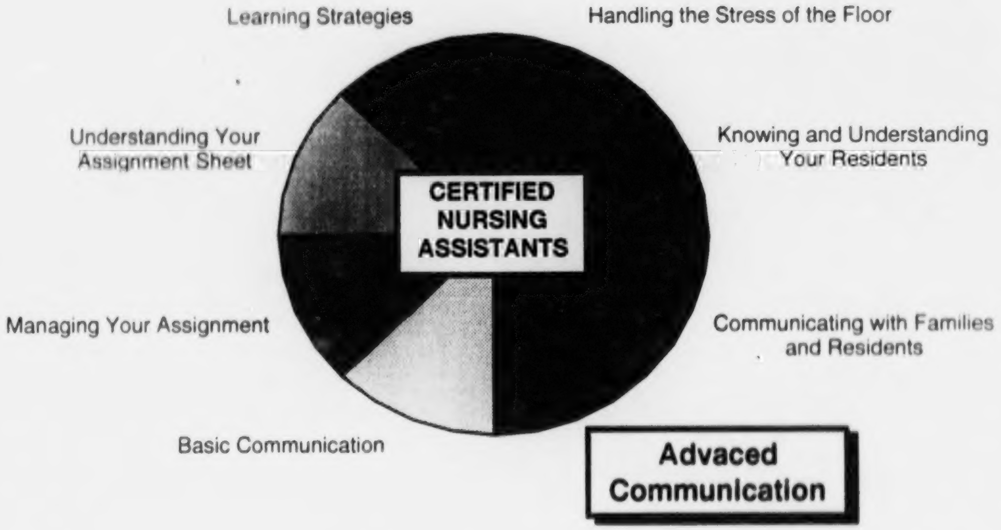
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care



PARTICIPANT PACKET

ADVANCED COMMUNICATION

PARTICIPANT PACKET

Table of Contents

- Learning Objectives 1
- Personal Contract 2
- Vocabulary Discovery 3
- Learner Pre-Assessment 4
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- Check Your Knowledge: Listening 6
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- Meet our Newest 'Magical Mentors' 18
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Learning Objectives

Advanced Communication

Upon completing this module, participants will be able to:

- Differentiate between 'hearing' and 'listening'
- Develop skills to listen for 'key' and 'cue' words for prioritizing tasks in the workplace
- Recognize the importance of mastering interpersonal skills to enhance professional image
- Identify components of communication and improve professional image through increased skill awareness of verbal and nonverbal messages
- Distinguish between 'assertive', 'aggressive', and 'passive' responses
- Draw upon enhanced workplace related vocabulary

Personal Contract

Directions: *Write down your thoughts before you start this module.*

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

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Vocabulary Discovery

Directions: During the course of this module, write below any new words or abbreviations you have learned and their meaning.

Learner Pre-Assessment

PART A - Fill in the Blanks:

Of all the skills associated with good communication, perhaps the most important is

1. __________________. "The act of listening" is a neglected **2.** __________________

Three reasons why we listen are to **3.** ______________________________

4. ________________________ and **5.** ________________________

People fail to realize that listening can be **6.** __________________. Two facial

expressions that show people you don't care are **7.** __________________ and

8. __________________. To maintain a non-threatening, open body posture

you can **9.** __________________ and **10.** __________________.

PART B - True/False:

1. ____ Reading is the most common method of absorbing information.
2. ____ Listening is a passive skill.
3. ____ Listening and hearing are not the same skill.
4. ____ Listening is a learned skill.
5. ____ Listening requires energy and discipline.
6. ____ Listening is a natural process.
7. ____ An effective listener keeps an open, curious mind.
8. ____ Speaking is a more important part of the communication process than listening.
9. ____ A person's training, experience, and knowledge affects what that person perceives.
10. ____ Sometimes people distort things so they hear what they want to hear.

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Listening: The Neglected Skill

> "Two men were walking along a crowded sidewalk in a downtown business area. Suddenly one exclaimed, "Listen to the lovely sound of that cricket!" But the other could not hear. He asked his companion how he could detect the sound of a cricket amidst the din of people and traffic. The first man, who was a zoologist, had trained himself to listen to the voices of nature, but he did not explain. He simply took a coin out of his pocket and dropped it on the sidewalk, whereupon a dozen people began to look about them. "We hear," he said, "what we listen for."
>
> Bhagwan Shree Rajneesh,
> The Discipline of Transcendence

Of all the skills associated with good communication, perhaps the most important is listening. Most people fail to realize just how poorly they listen. They also fail to realize that listening can be improved. Listening, as a method of taking in information, is used far more than reading and writing combined. It is the conduit most often used in learning situations. When we think about listening, we tend to assume that it is a basic instinct. As a result, "the act of listening" is a neglected skill. Listening, when used appropriately, contributes to educational development, increased self-awareness, and career growth.

Listening involves a sophisticated mental process. It requires energy and discipline. Listening is a learned skill and is **active** rather than **passive**. Two basic questions for consideration when discussing listening are:

- How does it feel to listen to another person, in general, on the healthcare team, or a resident?
- How do you feel when a person really seems to be listening to you?

Effective listening is a process that not only involves tuning into others, but looking inward to ourselves. In particular, your role as a caretaker involves a number of listening skills to effectively perform multi-level tasks.

Check Your Knowledge: Listening

Directions: Mark each statement True or False:

____ 1. People tend to pay attention to what interests them.

____ 2. People tend to expect or anticipate what is familiar.

____ 3. Sometimes, people distort things so they hear what they want to hear.

____ 4. Listening is a natural process.

____ 5. A person's training, experience, and knowledge affects what that person perceives.

____ 6. Hearing and listening are the same.

____ 7. Listening is a skill.

____ 8. Most people have a short attention span and have difficulty concentrating on the same thing for too long.

____ 9. Listening requires little energy; it is "easy."

____ 10. The speaker is totally responsible for the success of communication.

____ 11. An effective listener keeps an open, curious mind.

____ 12. Speaking is a more important part of the communication process than listening.

____ 13. When a listener's emotional level is high, he or she will be an effective listener.

____ 14. When a person is involved with internal distractions, he or she will not be able to listen to what the speaker says.

____ 15. Being critical, and judging a speaker, is not an effective listening skill.

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Why Do We Listen?

- To understand and participate in the work flow process on the unit
- To interpret key and cue words for understanding directions, prioritizing resident needs, and related healthcare tasks
- To draw conclusions based on information given regarding our daily unit tasks
- To explore solutions and/or achieve a baseline for information that seems to be contradictory on the unit
- To become aware of our questions and why we are asking them thereby increasing our self-awareness
- To collect information necessary to perform our job effectively for our internal and external customers
- To determine which information is priority for our tasks on the unit

Listening: The Shift Report

Directions: You will be listening to a tape recording of an actual shift report or a "Sample Shift Report" will be read aloud to you. Write down what the shift report tells you regarding information that you need in order to deliver quality care to your residents.

Helpful Hints:

- Listen for baseline information.
- Listen for key words.
- Listen for questions that should be asked--that you would need to ask - both open and closed.
- Listen for unknown terminology and procedures.

Body Language: Self-Assessment

> "An eye can threaten like a loaded and leveled gun; or can insult like hissing and kicking; or in its altered mood by beams of kindness, make the heart dance with joy."
>
> ♦ Ralph Waldo Emerson

Consider the effect(s) your body language and voice tone may have on another individual.

Facial Expression:

Be aware of your facial expression when you communicate. Strive to project a calm and sincere facial expression. You want to show people you care.

- Are your facial muscles relaxed and under control?
- Do you find it easy to maintain eye contact with people you are talking to or when residents are speaking to you?
- Do you find it easy to maintain a natural smile?
- When people complain, do you ever roll your eyes?
- Do you frown?

Body Posture:

Show you are attentive by standing or sitting up straight. Try to maintain a non-threatening, open body posture.

- Do you hold your head high and steady?
- Do you slouch?
- Do you lean forward to listen to residents and co-workers?

Movement:

People want to see you respond to their needs in a speedy manner (i.e., when the resident has a request or when your supervisor asks for something)

- Is your body movement controlled?
- Are you moving too casually?
- Are you moving too quickly?

♦ Emerson, Ralph Waldo (c1940), The Complete Essays and Other Writings of Ralph Waldo Emerson, The Modern Library, New York

Body Language: Self-Assessment (continued)

Gestures:

Use gestures that project a friendly, caring attitude toward people.

- Extend your hand.
- Hold a resident's hand.
- Wave goodbye when exiting a room.

Touching:

Is it appropriate to "touch" people? If yes, under what circumstances? What are some of the possible implications of "touching"?

Chewing Gum or Eating:

What kind of image is projected when a caregiver eats or chews gum on the floor or while working in a resident's room?

Voice Tone:

Your attitude is projected through your voice as well as your body language. Speak with a calm, soothing tone.

- When having a bad day, do you sound annoyed?
- Does your voice go up at the end of a sentence?
- Does your voice change when you get angry? How?

Sighing:

Sighing often suggests annoyance or impatience.

- How might sighing affect others coming in contact with you?

Insulting:

Compose yourself as best you can and avoid responding to abuse. It is a sign of strength to remain calm and respond with patience when someone is cursing and insulting you. How do you handle cursing and/or insults?

What are the areas that *you* need to work at improving? Write down how you plan to modify, strengthen, or change each area listed.

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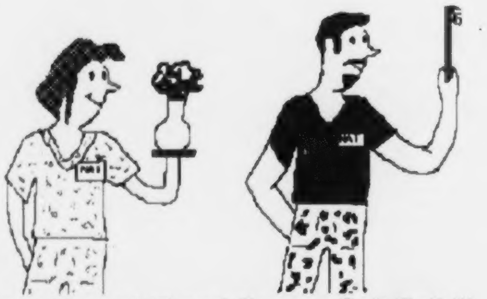
Case Scenarios

ADVANCED COMMUNICATION

Featuring . . .



Posey Hoyer-Lift and George Gait-Belt III
Nursing Assistant Trainees (NATs)

and

The Magical Mentor for
Nursing Assistant Trainees

Posey Hoyer-Lift and ***George Gait-Belt III***, are fictional characters who are beginning their Nursing Assistant training. Posey and George will be observers to events and interactions on the floor, as well as actors involved in scenes from the workplace. In addition, you will also meet the *Magical Mentor*.

The ***Magical Mentor*** serves to assist and support George and Posey throughout their training. The *Magical Mentor* initiates dialogue, provides feedback, and generally provides insight and a supportive role as a coach to the NATs.

Time to move ahead with Posey and George and their *Magical Mentor*......

Case Scenarios

SCENARIO #1:
Posey Hoyer-Lift is on the 3 PM - 11 PM shift. It is time for dinner and Posey is expected to take her residents to the dining room on time. Posey was assigned Room 201, Residents A & B. She has both residents cleaned and ready to be transported to the dining room. She leaves resident A outside his doorway and brings resident B to the dining room. As she returns to transport resident A, she hears him yelling in a loud voice that he has "soiled himself" and needs to be cleaned. From the way he is yelling, it sounds as if he's been sitting in this state for a long time and none of the other staff seem to care.

There are visitors in the hallway and in the dining room. The charge nurse tells Posey to "stop everything and immediately clean this resident." Posey tries to tell the Charge Nurse that it just happened, but she doesn't listen and gives Posey an earful about the importance of keeping patients clean in full view and ear range of the visitors. Posey cleans resident A and brings him to the dining room, and now she is late transporting the residents in room 204 to the dining room.

After finally settling her residents in the dining room, Posey is confronted by an experienced CNA and another nurse who are angry that she is late because they need help with feeding. Posey attempted to explain the situation and her directions from the charge nurse. Her co-workers don't want to hear the story and tell Posey that they don't care what the charge nurse said. "You," they told her, "upset the entire dining schedule and created more work for us." They ignored Posey for the rest of the shift.

Dialogue & Discussion:

Posey called her friend George the next day because she was so upset. Posey said the following to George:

- "How should I have responded to my co-workers?"
- "Should I have approached them later in the shift or do you think I should just continue to ignore them, too?"
- "Should I tell the charge nurse what happened?"
- "On second thought, I'm not comfortable with the charge nurse either. She didn't listen or treat me right in front of the residents and visitors."
- "Should I just pretend the whole thing didn't happen and see if it goes away?"
- "Now I have bad feelings toward resident A, because he caused all of this trouble."
- "I hope I don't see those visitors again. They probably think I'm a bad Nursing Assistant who doesn't clean my patients."

What do you think George should say to Posey?

Case Scenarios (continued)

SCENARIO #2:

George Gait-Belt III is working today as a floater on Posey's floor during the 7 AM - 3:30 PM shift. Around 8:15, as he is making rounds in preparation for breakfast, the nurse manager interrupts him with two messages. The first is, "Take Resident Jones to the hospital for a 9:30 back x-ray." The nurse doesn't say how long the resident will be at the hospital, but "you must stay with her and assist with transport to and from the hospital."

In addition, the nurse manager tells him that there is a new admission coming in around 11:00 and he needs to take her vitals every two hours. Also, he will be temporarily assigned to this floor for one week with the same residents he has today. The nurse manager excuses herself because she is extremely busy, short-staffed, and has to meet with two doctors regarding resident care.

George completes one resident's care and proceeds to Resident Jones' room to see what preparation has to be done for the hospital transport. Since the patient can eat before a back x-ray, George feels, as he heads to the room, that breakfast will be first. When he arrives, Resident Jones is not there. Her roommate is not helpful since she has dementia. George begins to panic. Suddenly, George notices Posey and rushes over to her.

Dialogue & Discussion:

While George is happy to see Posey, since she is someone who may help him on the floor, Posey doesn't have much information because she doesn't know Resident Jones either.

- What kind of help or information should George be seeking at this point?
- Where and to whom should he go to for resources?
- What essential information was not given to him regarding both Residents Jones and the new admit?
- What can co-workers do to assist George?

Are there any suggestions as to how the nurse manager might have handled or set up the communication process better so that George wouldn't begin to panic?

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Case Scenarios (continued)

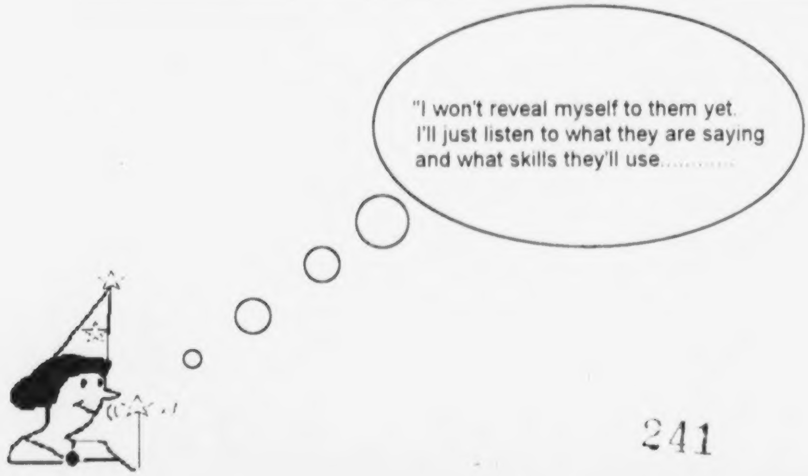
SCENARIO #3:
Posey is standing with two CNAs when suddenly another CNA comes charging out of a resident's room, rushes up to Posey's group, and demands to know who had Resident R. "One of you left a dirty 'Attends' in her room. Go get it now. It's not my job to clean up your mess." With this, she storms away from the group. Posey asks, "Why is she acting like that? She got everyone else mad at her." Posey heard the others say that they'll get even, "Who does she think she is-- talking to us like that?" The CNA who caused all the trouble tries to talk to Posey later on in the shift. The other CNA's look at Posey, and Posey answers quickly, moves physically away from the CNA, and finds something to do to look busy for the moment.

Dialogue & Discussion for Group or Role Play:

When Posey catches up with George at break and tells him her story, George tells her that he could sympathize with the CNA who found the dirty 'Attends', but, he said, "There must have been a better way to address the situation."

What would have been a better way to handle this situation?

How should Posey respond to the CNA who caused the problem?


"I won't reveal myself to them yet.
I'll just listen to what they are saying
and what skills they'll use..........

Case Scenarios (continued)

SCENARIO #4:
Posey and George were on lunch break when a veteran CNA named Bonnie joined them. She had been off the day before and was complaining that when she heard the shift report today, all that was said for many patients was "same old, same old!" She said that 'same old' was not much information. She didn't know, for example, what happened to the residents the day before. "Were they depressed? Did anyone fall?" Also, Bonnie did mention that while she was on vacation for a week, one of her residents had been issued a posey, and she hadn't been informed. Because of this, she put her to bed without one.

Posey almost immediately stopped listening when she heard her name. Other than being named Posey, she was unfamiliar with how her name could be used in conjunction with a resident being put to bed. She didn't want to ask because she was embarrassed to let the experienced CNA know that she didn't know. Also, it appeared that George understood the meaning of the word and the context in which it was used. When the CNA and George looked at Posey for input to the conversation -- Posey just said, "What?"

Dialogue & Discussion:

The experienced CNA, Bonnie, had to repeat the whole story again to gain Posey's input. She was annoyed to begin with, and was even more annoyed now!

- What happened to interrupt this communication?
- What communication barriers prevented Posey from hearing what was said?
- What might have taken place to make this interaction better?
- Would being assertive have helped this communication exchange?

Case Scenarios (continued)

SCENARIO #5:

Posey and George decided to meet one Friday night for pizza. They were moving towards the end of their training and wanted to catch up on what was happening and to compare notes in preparation for the certification exam. The following excerpts are from their discussions:

Excerpt A: Posey pointed out that many co-workers, and other department staff, including supervisory staff, made her feel that she was 'in-the-way' and not moving along to do her job quickly enough. "You know, George, it seems like nobody notices me when I'm doing something right-- just when I goof up!"

Excerpt B: George mentioned that because of staff shortages, he wound up floating to different shifts. He said that staff spent much time on each shift, finding fault with the previous shift. "I wonder if they talk to each other?" asked George.

Excerpt C: George said that one CNA spent some personal time working on new ideas for certain unit procedures. All the other staff got mad because they thought he was a 'know-it-all', trying to become the boss. "You know, Posey, I thought he had some good ideas. Anyway, I'll never tell anyone a new idea because I don't want to be treated like that. Let them do everything the same old way."

Excerpt D: Posey mentioned that she noticed CNAs and NATs often didn't listen or weren't present during the shift report. She wondered how to present her case so that she could 'sit in' on the next shift report. She said that she thought it offered valuable information. Posey also said that she was already thinking about a career goal of becoming an LPN. She asked George where she should go to talk about her plans and if the facility offered any incentives to move up the career ladder. George said he didn't know where she should go.

Excerpt E: George told Posey that he felt some NATs and other healthcare staff were not professional in many respects. He wondered if he should mention these things and to whom he should go, or should he take it upon himself to correct the things he saw.

Excerpt F: Posey and George discussed a recent event where a new CNA, who had just completed training, got mad about something, quit, and walked right off the floor and out of the building. Included in this discussion was the high number of CNAs leaving. Posey said she thought much of this behavior might be due to poor communication. George agreed and challenged Posey to a brainstorming session as to what the poor communication might be. "If," George said, "you could offer a couple of solutions, I'll buy the next pitcher of soda."

Case Scenarios (continued)

Directions: Choose three excerpts from SCENARIO #5 on the previous page. Assume the role of Magical Mentor and either discuss, role play, or write in the three columns below the advice you would give to Posey and George.

In Excerpt ___ , I suggest . . .	In Excerpt ___ , I suggest . . .	In Excerpt ___ , I suggest . . .

Meet our Newest 'Magical Mentors'

"They made it through their training and passed the state certification exam . . . congratulations to our new Certified Nursing Assistants, Posey and George! "

Learner Post-Assessment

PART A - Fill in the Blanks:

Of all the skills associated with good communication, perhaps the most important is **1.** ____________. "The act of listening" is a neglected **2.** ____________. Three reasons why we listen are to **3.** ______________________ **4.** ____________________ and **5.** ____________________. People fail to realize that listening can be **6.** ________________. Two facial expressions that show people you don't care are **7.** ________________ and **8.** ________________. To maintain a non-threatening, open body posture you can **9.** ________________ and **10.** ________________.

PART B - True/False

1. ____ Reading is the most common method of absorbing information.
2. ____ Listening is a passive skill.
3. ____ Listening and hearing are not the same skill.
4. ____ Listening is a learned skill.
5. ____ Listening requires energy and discipline.
6. ____ Listening is a natural process.
7. ____ An effective listener keeps an open, curious mind.
8. ____ Speaking is a more important part of the communication process than listening.
9. ____ A person's training, experience, and knowledge affects what that person perceives.
10. ____ Sometimes people distort things so they hear what they want to hear.

Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair up with another person and share your thoughts with your partner. When you are done, put this page in your Personal Learner's Portfolio.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

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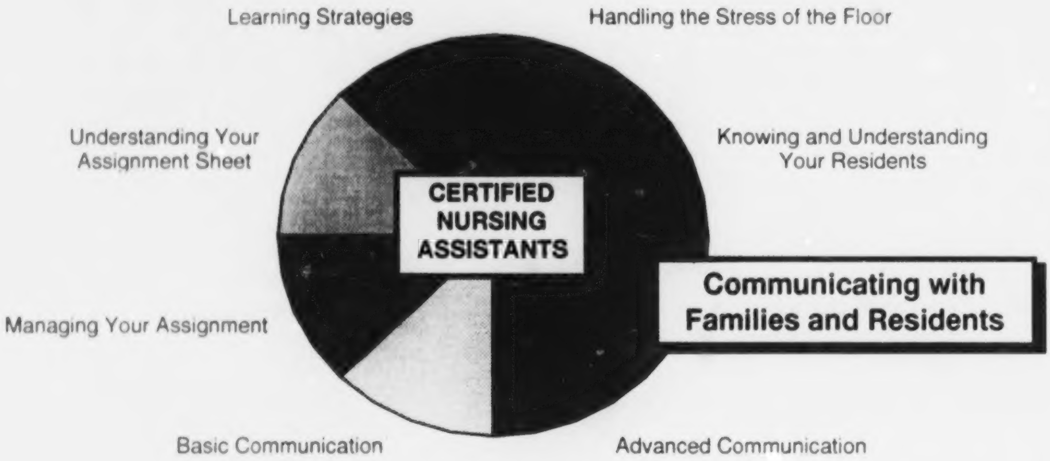
Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Communicating with Families and Residents
Managing Your Assignment
Basic Communication
Advanced Communication

TRAINING PROCESS GUIDE

COMMUNICATING WITH FAMILIES AND RESIDENTS

TRAINING PROCESS GUIDE

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- Trainer Preparation 1
- Rationale and Goal, Learning Objectives, Competencies 2
- Introduction 3
- Supportive Listening 6
- Information vs. Confidentiality 8
- Family Matters 9
- Communication Levels 10
- Summary & Closure 11
- Learner Assessment: Answer Key 13

Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Prepare newsprint with: Customer Service-- *If you don't know what they want and they don't know what you offer, it can lead to communication breakdown. If people are unhappy, they will tell others, and that's bad for business* (see *Supportive Listening* section).
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Medical Abbreviation Dictionary (recommended)

Participants
Participant Packets
Highlighters, Pencils, Pens
Personal Learner Portfolios (recommended)
Vest Pocket Dictionaries (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

COMMUNICATING WITH FAMILIES AND RESIDENTS

Rationale and Goal

Nursing assistants comprise the direct care staff that spends the most time with residents and their families. It is important, therefore, that new nursing assistants learn to communicate professionally and increase their sensitivity to residents and families in order to give better resident care. This increase in sensitivity includes knowing how to get more information regarding residents, dealing with difficult family situations, and establishing relationships with residents who can't verbally communicate. The focus of this module is on *supportive listening* and communicating as a professional. Building on the three elements of basic communication, participants will see that their primary role as a CNA is that of a receiver and supportive listener. The primary message to send back to residents and their families is that of concern and care. Participants will explore *open* communication styles, review patient *right to privacy* and confidentiality issues, increase sensitivity to family and resident concerns, and review the *Do's & Don'ts* of professional communication.

Learning Objectives

Upon completing this module, participants will be able to:

- Build upon the three elements of basic communication
- Define and give examples of 'supportive listening'
- List four ways to gain more information regarding a resident
- List two ways to respect resident confidentiality and *right to privacy*
- Increase sensitivity to resident and family concerns by becoming more aware of family demands and visitation
- Demonstrate how to answer difficult family and resident questions professionally
- Identify levels of resident communication abilities and demonstrate appropriate responses
- Describe ways to establish relationships with residents who have limited communication abilities
- Distinguish between being a *care giver* and being *caring*

Competencies

- Responding appropriately to resident and family concerns
- Recognizing the importance of communicating a professional image
- Protecting patient privacy and respecting patient confidentiality
- Communicating effectively and positively with all residents and families
- Enhancing sensitivity to residents and families to increase quality of care
- Providing quality care through both verbal and nonverbal communication
- Building new vocabulary words and their meanings

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Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives.* There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE:* If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE:* Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets*. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

[*TRAINER NOTE:* You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. **Give** participants time to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets*. Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment*. You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

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Supportive Listening

FOCUS: **To review and build on the three elements of basic communication and to define and give examples of supportive listening.**

TIME: **15 minutes**

TRAINING PROCESS:

[*TRAINER NOTE:* The focus here is on the CNA's main role as a supportive listener whose primary message to send back to residents and families is one of concern and care. It is important to emphasize that a CNA does not have the role of 'fixing' a medical or family problem like a doctor, nurse, or supervisor. Supportive listening, however, does help a CNA to report possible medical or family problems to their supervisor.]

1. **Ask** participants to identify the three basic elements of communication from the "Basic Communication" module: *SENDER - MESSAGE - RECEIVER.*
2. **Write** the three words on newsprint and ask participants which element a CNA most frequently experiences on the job.
3. **Circle** the word RECEIVER and remind participants of the definition from *Basic Communication—'one who translates words and nonverbals into ideas'.* Post the definition on the wall.
4. **Direct** participants to pair up with another person and list on Participant Packet page 5, *Becoming a Supportive Listener,* several examples of how a CNA acts as a Receiver of information from both residents and families.
5. **Share** results in a large group and list several participant examples on newsprint. Post examples on the wall.
6. **Write** the word SUPPORT on newsprint and ask participants to look up the definition in the dictionary. Write the definition: *hold up, take side of, provide for, help.*
7. **Write** SUPPORTIVE LISTENING on newsprint and ask participants what this might mean in relation to residents and their families. List examples given.

[*TRAINER NOTE:* It is important for CNAs to understand that supportive listening includes lots of reassuring body language. An example of "supportive listening" might be spending the time to listen to a resident's concerns and responding with positive body language like a friendly smile, or a squeeze of their hand. Responding as a supportive listener to a family member can also include these nonverbals along with steady contact and reassuring body language.]

8. **Ask** participants to differentiate between 'passive' and 'active' listening (or hearing vs. listening) from the *Advanced Communication* module.

9. **Remind** participants that listening is a skill to be learned and that CNAs need to be both *active* and *supportive* listeners.

10. **Summarize** by reviewing one purpose of communication '*to gain and retain goodwill*' from the *Basic Communication* module. Remind participants that the resident and their families are the primary customers at Northeast Health and that CNAs need to communicate professionally in order to gain and retain goodwill.

11. **Read** aloud from the pre-printed newsprint: Customer Service-- *If you don't know what they want and they don't know what you offer, it can lead to communication breakdown. If people are unhappy, they will tell others and that's bad for business.* Post the newsprint on the wall.

NOTES:

Information vs. Confidentiality

FOCUS: **To explore strategies to gain information about residents and to identify boundaries regarding confidentiality and residents' *right to privacy*.**

TIME: **20 minutes**

TRAINING PROCESS:

1. **Ask** participants to list reasons WHY they might need to learn more about residents other than the clinical information that appears on the facility's Assignment Sheet. Record responses on newsprint.

   [*TRAINER NOTE:* A CNA's role is not just that of a care giver in the physical sense, but that of a care giver who is also "caring". This means that a CNA must know more than a resident's physical needs. A CNA must attend to a resident's emotional, social, and status needs. For example, a CNA should encourage residents "to do for themselves" and encourage independence and control when appropriate.]

2. **Direct** participants to complete Participant Packet page 6, *Gaining More Information*, in pairs or small groups. Share examples in a large group and record on newsprint.

3. **Direct** participants to look up the words CONFIDENTIAL, PRIVATE (*'secret, limited to selected persons'*) and RESPECT (*'be considerate of, esteem'*) in dictionaries and to identify examples of confidential resident information. Record examples on newsprint.

4. **Review** the newsprint examples of 'how to gain more information' and ask participants to identify anything that might interfere with a resident's confidentiality or *right to privacy*. Lead a discussion focusing on the boundaries between gaining information and respecting privacy.

5. **Pair** participants to complete Participant Packet page 7, *A Resident's Right to Privacy*, and ask them to list ways they can respect patient confidentiality. Share responses in a large group and record on newsprint. Summarize by asking participants to take a moment and imagine themselves as residents and to think about what personal information they might not want direct care staff to know about or gain access to.

Family Matters

FOCUS: **To increase sensitivity to family demands and concerns and to learn how to answer difficult resident and family questions professionally.**

TIME: **30 minutes**

TRAINING PROCESS:

1. **Tell** participants to imagine that one of their parents or relatives is now a resident in a nursing home facility. Ask each participant to plan out a realistic visitation schedule by completing Participant Packet page 8, *Visitation Schedule*, and then share results with the larger group.

2. **Lead** a group discussion centering around the demands of family and the time needed to plan visits with a loved one. Ask the questions:
   - How does your schedule compare with others?
   - Does (name) not care enough because she can visit less often than (name)?
   - Why might family members have feelings of helplessness, anger, guilt?
   - Why might these feelings be projected toward a CNA?

3. **Explain** that one of the best ways to learn new skills is to practice them, and that one effective way to practice is to do role-playing.

4. **Refer** participants to Participant Packet page 9, *Difficult Family Matters: Role Play,* and give time for participants to read it. Break into small groups and give time (5 minutes) to create role plays.

5. **The Role Plays:**
   a) Challenge participants to be creative in their role plays
   b) Explain that the only ground rules will be 'no real names of staff or residents'

Communication Levels

FOCUS: **To categorize resident communication levels and explore various ways to establish relationships with residents who have limited communication.**

TIME: **20 minutes**

TRAINING PROCESS:

1. **Ask** participants to describe residents' varying abilities to communicate. List several examples on newsprint (ex. slurred speech, dementia, Alzheimer's disease, vocally unresponsive, etc.).

2. **Break** participants into small groups and give each group a sheet of newsprint and markers. Tell participants to identify various levels of resident communication and categorize them.

   [*TRAINER NOTE:* Encourage participants to include levels from 'least communicative' to 'most communicative'. Make sure participants are listing examples of abilities within each category.]

3. **Post** newsprint around room and have a leader from each group report out. Compare results.

4. **Tell** participants that they will now demonstrate appropriate ways to respond to a resident from each category listed through role playing.

5. **The Role Play:**

   a) Have each group pick one category/level to portray.

   b) One person in each group must play the resident.

   c) Each group must portray a negative and a positive communication response.

6. **Review** Participant Packet pages 10 and 11, *Communicating as a Professional: Do's & Don'ts.*

7. **Summarize** by writing the words CARE GIVER and CARING on newsprint. Ask participants to distinguish between being a 'care giver' and being 'caring'. List responses under each.

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Summary and Closure

FOCUS: To summarize key ideas and review the *Learning Objectives* of the module.

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Ask** participants to complete the *Learner Post-Assessment*.

   [*TRAINER NOTE:* You have two choices at this time . . . you may read off the answers from the *Learner Assessment: Answer Key* and have participants self-correct and compare with their *Learner Pre-Assessments*, or score the assessments later and then meet with participants to discuss. You may want to have participants tear out this sheet and store it in their Personal Learner Portfolio.]

2. **Review** key ideas from the module:

   - Being a supportive listener
   - Reviewing ways to gain resident information
   - Reviewing confidentiality issues
   - Being sensitive to difficult family situations
   - Establishing relationships with residents when communication is limited
   - Communicating professionally with both residents and their families

3. **Ask**: "Have the objectives of the module been met? Do you now have the skills listed on your *Learning Objectives* page?"

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them to deal more effectively with resident behaviors.

5. **Refer** participants to the final page in their packets and request that they take 5 minutes to fill out the *Summary and Closure* sheet at the end of their packets.

6. **Explain** that this is a time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about 5 minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share any points from the paired sharing with the larger group.

9. **Ask** participants to share new vocabulary words, encouraging everyone to offer at least one word.

10. **Direct** participants to tear out their *Summary and Closure* sheets and place them in their Personal Learner Portfolios along with their *Vocabulary Discovery* sheets at this time.

11. **Collect** the Personal Learner Portfolios, attendance rosters, and any other required forms.

12. **Thank** and acknowledge everyone for their participation and conclude the session.

NOTES: ____

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Learner Assessment: Answer Key

A. ***Scoring Directions**: Give 5 points for each correct answer.*

1. Sender
2. Message
3. Receiver

(above three can be in any order)

4. Receiver
5. Supportive
6. Family
7. Professional

8., 9., 10. *(any of the following from the "Communicating as a Professional -Professional Do's and Don'ts" Participant Packet sheets are acceptable):*
exhibit tact, answer questions to the best of your ability, explain to residents what you are going to do to them, listen to resident and family concerns, control your temper/anger, look for nonverbal signals in a vocally unresponsive resident, respect patient confidentiality, accept constructive criticism without being defensive, don't speak in a condescending manner to residents, etc.

B. ***Scoring Directions**: Give 5 points for each correct answer.*

1.- 4. *(accept any answers that don't threaten resident confidentiality):*
ask questions of the resident, listen to the resident, review the resident's file, ask questions of a visiting family member, etc.

5.- 6. *(accept any appropriate answers):*
don't gossip about a resident and their families, don't invade resident's "right to privacy", don't get involved in family matters regarding the resident, etc.

7.- 8. *(accept any appropriate answers):*
look for nonverbals, use nonverbals such as an assuring touch or smile, read/talk/sing to the resident, use words of encouragement and praise, gain information through family members and reminisce about the resident's past, refer the resident to belongings around the room and talk about them, etc.

9. *(accept any answers describing a CNA's job tasks as a direct care giver):*
one who provides direct care, as for the elderly in the activities of daily living, feeding, dressing, bathing, etc. (a job title)

10. *(accept any answers that 'go beyond' the CNA's job description):*
to be concerned about, interested in, sensitive to, fond of someone, etc.

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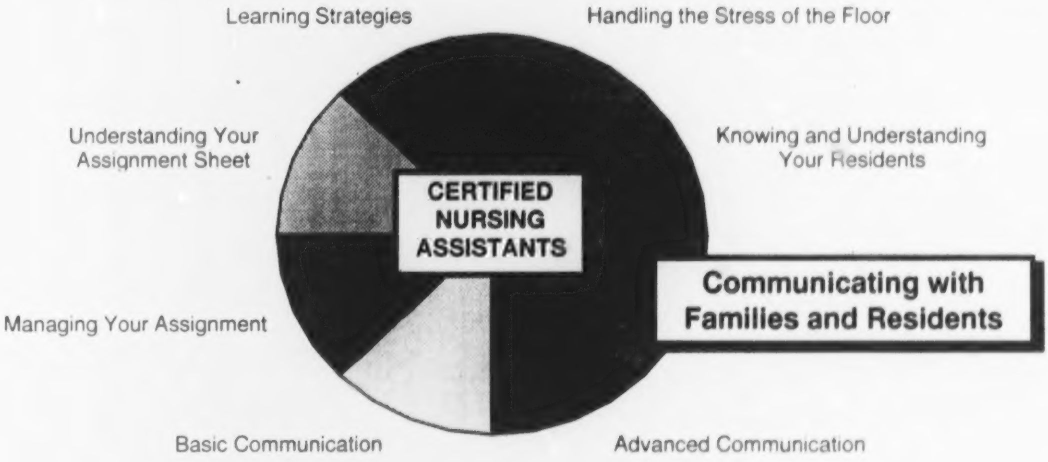
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Communicating with Families and Residents
Managing Your Assignment
Basic Communication
Advanced Communication

PARTICIPANT PACKET

COMMUNICATING WITH FAMILIES AND RESIDENTS

PARTICIPANT PACKET

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- Becoming a Supportive Listener 5
- Gaining More Information 6
- Resident's Right to Privacy 7
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- Difficult Family Matters: Role Play. 9
- Communicating as a Professional - Do's 10
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Learning Objectives

Communicating with Families and Residents

Upon completing this module, participants will be able to:

- Build upon the three elements of basic communication
- Define and give examples of 'supportive listening'
- List four ways to gain more information regarding a resident
- List two ways to respect patient confidentiality and 'right to privacy'
- Increase sensitivity to resident and family concerns by becoming more aware of family demands and visitation
- Demonstrate how to answer difficult family and resident questions professionally
- Identify levels of resident communication abilities and demonstrate appropriate responses
- Describe ways to establish relationships with residents who have limited communication abilities
- Distinguish between being a 'care giver' and being 'caring'

Personal Contract

***Directions**: Write down your thoughts before you start this module.*

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

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Vocabulary Discovery

Directions: During the course of this module, write below any new words or abbreviations you have learned and their meaning.

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
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______________________________ ______________________________
______________________________ ______________________________
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Learner Pre-Assessment

Part A - Fill in the Blanks:

The three elements of basic communication are **1.** ____________, **2.** ______________, and **3.** ______________. The element a CNA primarily represents to residents and their families is that of a **4.** _________________. A CNA acts as a **5.** _____________ listener. A supportive listener is sensitive to both resident and **6.** __________________ concerns. A CNA must answer resident and family questions in a **7.** ______________ manner. Three ways to communicate professionally are **8.** ______________________, **9.** ______________________________, and **10.** ______________________________.

Part B - Short Answer:
List four ways to gain more information regarding a resident:

1.
2.
3.
4.

List two ways to respect resident confidentiality:

5.
6.

List two ways to establish relationships with residents who have limited communication abilities:

7.
8.

Define "care giver"
9.

Define "caring"
10.

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Becoming a Supportive Listener

RECEIVER - 'one who translates words and nonverbals into ideas'

Directions: ***Answer True or False to the questions below.***

1. CNAs act as *Receivers* of information from both residents and families. **TRUE ☐ FALSE ☐**
2. A CNA's main role is that of a supportive listener. **TRUE ☐ FALSE ☐**
3. A CNA's primary message to send back to residents and families is one of concern and care. **TRUE ☐ FALSE ☐**

The answer to all the questions above is ***TRUE****!*

Directions: List below as many examples of how a CNA acts as a receiver of information from both residents and families.

Gaining More Information

CNAs need to learn more about residents other than the clinical information that appears on the facility's Assignment Sheet. Some of this information can be provided by residents themselves or their families.

Directions: List below at least four ways to gain more information regarding a resident. Be specific.

1.

2.

3.

4.

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Resident's Right to Privacy

"There are boundaries between gaining information about a resident and respecting their privacy."

Directions: *List below at least two ways a CNA can respect resident confidentiality and "right to privacy."*

1.

2.

Visitation Schedule

Directions: Imagine that you have a family member in a long term care nursing home. Recommended visiting hours at the facility are from 10 AM to 8:30 PM. Fill in the schedule below with all of your regular weekly duties, responsibilities and appointments. Then schedule in times for visiting your family member. Be realistic!

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*

- How often *can* you visit?
- How often will you *probably* visit?
- Are there any other *circumstances* that might affect your visitation?

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Difficult Family Matters: Role Play

STEP 1: Form teams and create a role play that illustrates a CNA responding to a difficult resident/family situation including difficult questions. This can be a situation that either happened to you personally or was something you observed on the unit. Choose a group leader who will describe the scenario to the other teams. Use the space below to list some difficult situations and then vote as a team on the one you will role play.

STEP 2: The first role play should show a **"negative"** communication process with the CNA responding ***inappropriately*** to the resident's or family member's difficult questions. Be sure to include inappropriate nonverbal responses in the portrayal.

STEP 3: The second role play should show a **"positive"** communication process with the CNA responding ***professionally***. Remember, it may not be appropriate for a CNA to answer certain questions of family members or residents. Some questions may require a CNA to call in their supervisor.

STEP 4: Withhold comments until all role plays have been completed. Be prepared to share responses with the larger group.

Be creative. Have fun!

Communicating as a Professional

Do . . .

◊ control your temper/anger.

◊ give yourself "emotional time-outs."

◊ remove yourself from a situation, if necessary, to "cool off."

◊ accept constructive criticism without being defensive.

◊ exhibit tact.

◊ explain to residents what you are going to do for them.

◊ listen to resident and family concerns.

◊ respect patient confidentiality.

◊ answer questions to the best of your ability.

◊ refer questions you are unable to answer to your supervisor.

◊ look for nonverbal signals in a vocally unresponsive resident.

◊ ask for help if unsure of policy or procedure. Never take chances when your work deals with the well-being of others.

◊ strive for accurate, clear, and detailed documentation regarding each resident.

◊ encourage independence and resident control in decision making when appropriate.

Communicating as a Professional

Don't . . .

- gossip about residents and their families.
- assume that you are not heard or understood if a resident does not seem to respond. In cases of near death, the sense of hearing is the last to cease functioning and may even be intensified.
- make residents wait unnecessarily to respond to their needs.
- exhibit agitation or disgust through body language or verbals.
- lose your temper and/or be sarcastic to the resident or the resident's family.
- speak in a condescending manner to residents.
- get involved in family matters regarding the resident.
- ignore what should be reported and documented because you are in a hurry to leave. Your information is important.
- fail to report any error or mistake in resident care to a supervisor immediately.
- discourage residents "to do for themselves" for the sake of time.
- invade resident's "right to privacy."
- take personally resident or family feelings of helplessness, anger, or guilt that may be projected toward you.
- just be a caregiver. Be caring.

Learner Post-Assessment

Part A - Fill in the Blanks:

The three elements of basic communication are **1.** ____________, **2.** ____________, and **3.** ______________. The element a CNA primarily represents to residents and their families is that of a **4.** ________________. A CNA acts as a **5.** _____________ listener. A supportive listener is sensitive to both resident and **6.** ________________ concerns. A CNA must answer resident and family questions in a **7.** _____________ manner. Three ways to communicate professionally are **8.** _____________________, **9.** ______________________________, and **10.** ______________________________.

Part B - Short Answer:

List four ways to gain more information regarding a resident:

1.
2.
3.
4.

List two ways to respect resident confidentiality:

5.
6.

List two ways to establish relationships with residents who have limited communication abilities:

7.
8.

Define "care giver"
9.

Define "caring"
10.

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Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair up with another person and share your thoughts with your partner.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

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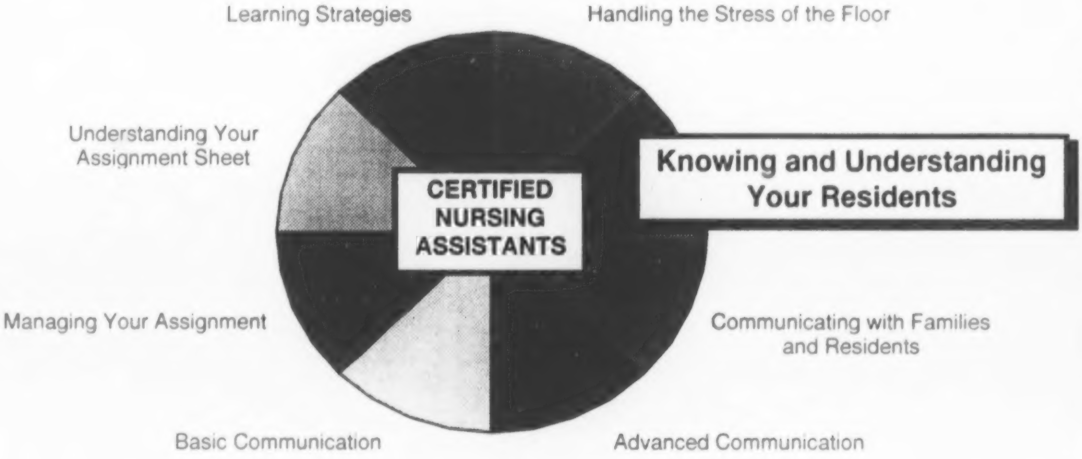
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TRAINING PROCESS GUIDE

KNOWING AND UNDERSTANDING YOUR RESIDENTS

TRAINING PROCESS GUIDE

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- Trainer Preparation 1
- Rationale and Goal, Learning Objectives, Competencies 2
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- Who Is the Resident? 6
- Understanding Behaviors 7
- Difficult Resident Behaviors 9
- Ten Strategies For Dealing with Difficult Residents 10
- Observing Resident Changes 11
- Essential Skills for Resident Observation 13
- Summary & Closure 15
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Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Prepare four pre-titled newsprint sheets: "Mental/Behavioral Situations", "Medical Problems", "Safety Issues", and "Quality of Residential Life" (see *Essential Skills* . . . section).
- Familiarize yourself with *Maslow's Hierarchy of Needs* (see *Understanding Behaviors* section).
- Prepare a newsprint with the triangle from Maslow's theory (use *Participant Packet* page 6, *Understanding Behaviors, as a guide*)
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Medical Abbreviation Dictionary (recommended)

Participants
Participant Packets
Highlighters, Pencils, Pens
Personal Learner Portfolios (recommended)
Vest Pocket Dictionaries (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

KNOWING AND UNDERSTANDING YOUR RESIDENTS

Rationale and Goal

Nursing assistants emphasized the importance of getting to know the residents as quickly as possible. Knowing and understanding who the resident is helps to ensure a better understanding of details of care and resident preferences. It is the goal of this module to enhance sensitivity to the physical and emotional issues of the elderly and to develop a skill base in strategies to deal effectively with specific resident behaviors. The module advances in a logical sequence from sensitivity enhancing activities to the identification of causes of difficult resident behaviors, and an increased understanding of human needs. The module concludes with activities to develop essential skills for resident observation.

Learning Objectives

Upon completing this module, participants will be able to

- Recognize the difference between being "caring" and being a "caregiver"
- Draw upon enhanced sensitivity to the unique needs and situations of the elderly in a residential environment
- Describe Maslow's Theory and be able to relate to needs of the elderly
- List Maslow's five needs
- Identify two ways their caretaking role can assist in meeting the needs of the elderly
- Distinguish between "objective" and "subjective" observations
- Demonstrate increased knowledge and skills in resident observations that contribute positively to the safety, security, and quality of patient care
- Differentiate between "old" and "new" resident observation information
- Draw upon increased workplace related vocabulary

Competencies

- Developing self-directed learning
- Building new vocabulary words and their meanings
- Building new medical terminology and their meanings
- Using the dictionary as a resource
- Formulating plans to anticipate resident and unit needs
- Perceiving the importance of treating the healthcare team and residents with respect
- Valuing the dignity of residents and others regardless of cultural, gender, and ethnic diversity
- Recognizing the unique needs and problems of the elderly in a residential setting
- Determining the relative significance of new information that may serve as a catalyst for change in a process, procedure or general resident care
- Differentiating between "subjective" and "objective" observations
- Determining appropriate nursing assistant actions for the care of the elderly

Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives*. There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post** newsprint sheets around the room.

[*TRAINER NOTE*: If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE*: Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets*. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

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[*TRAINER NOTE*: You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. Give participants time to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets*. Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment*. You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

Who is the Resident?

FOCUS: **To emphasize the importance of getting to know residents as quickly as possible and to enhance participant sensitivity to the physical and emotional issues of the elderly**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Direct** participants to complete the boxes in "Who Is the Resident? " found on page 5 in their Participant Packets.
2. **Ask** participants to share in the large group their responses to the section: "As You Are Now".
3. **Ask** participants to share their responses to the section: "You As a Resident".
4. **Conduct** a large group discussion noting differences between as they are now and how life would be if they were about to become a resident in a residential care facility. Be sure to include the following important points:

[*TRAINER NOTE*: The primary focus of this exercise is to enhance participants' sensitivity to the unique problems of the elderly.]

- **Prized possessions** are gone, except for wedding rings, pictures, and some other sentimental memories, such as a favorite afghan.
- **Favorite spare time activities** are often too strenuous to participate in anymore. Gardening, knitting or reading become less and less possible as the aging process weakens the physical body, e.g., arthritis, vision impairment, glaucoma and general frailty.
- **Person or people most valued** are often deceased, away, or occupied with their own families.
- **Role in life and feeling of greatest self-worth** are usually memories of what s/he once was in the family and/or community.

[*TRAINER NOTE*: Try to motivate participants to understand the importance of their role as not being simply a *"caregiver"* of basic tasks but also as being *caring* and supportive in more humanistic, interpersonal ways.]

Understanding Behaviors

FOCUS: **To introduce *Maslow's Hierarchy of Needs* and to increase participants' ability to understand resident behaviors**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 6 in their packets, "Understanding Behaviors", and display the pre-printed newsprint of the *Maslow triangle*.

2. **Ask** if anyone already knows of *Maslow's Hierarchy of Needs*. If not, explain Maslow's Theory to participants:

   - All human needs may be categorized within the triangle.
   - The broadest base of the triangle incorporates our most physical needs.
   - It is only after physical needs are met that people look toward fulfilling their needs for security.
   - Without physical and security needs being met, the human personality cannot begin to move to the top of the triangle, which is the most intellectual--self-worth, self-esteem, self-fulfillment.
   - Explain:
     - *security* - feeling safe from harm
     - *social needs* - interacting with other people
     - *status* - need to be recognized

3. **Ask** participants to think about the residents and how their needs are being met by the facility, healthcare team, and family.

   [*TRAINER NOTE*: Depending on the number in the class, this activity may be done in pairs or as a large group.]

4. **Direct** participants to come up with as many examples as they can think of to illustrate each need listed on the triangle.

   [***TRAINER NOTE***: Some examples for Maslow's Theory: *PHYSICAL NEEDS - Food* AND *Rest*, *SECURITY NEEDS - Inspire the residents' trust* AND *Observe safety in the environment*, *SOCIAL NEEDS - Praise residents for success* AND *Show interests in their lives*, *STATUS NEEDS - Show residents respect* AND *Protect the privacy of residents*, *SELF-FULFILLMENT NEEDS - Assist the resident to assess his/her purpose and direction at this time of life* AND *Point out to residents their past valuable contributions*.]

5. **Process** as a large group, writing responses on the flipchart.

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Difficult Resident Behaviors

FOCUS: **To identify resident behaviors that can be challenging and to explore the meaning behind all behavior**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Refer** participants to the quotation in the box on page 7 of their Participant Packets.
    - Mention that William Wadsworth was an English poet of the 19th century.
2. **Suggest** that participants write the quotation and the poet's name in their portfolios.
3. **Ask** participants to share what they believe the quotation means. Record responses on newsprint.
4. **Discuss** how all our experiences as a child are taken with us to adulthood. Stress that "all behavior has meaning."
5. **Say**, "If we can make an educated guess as to the meaning, perhaps we can change negative behavior to positive interactions."

    [*TRAINER NOTE*: In addition to the exercise, you may choose to ask participants to analyze possible behavioral meanings for any difficult resident profiled during the "Managing Your Assignment " module that they have encountered. Also, if they profiled a difficult resident in the "Managing Your Assignment" module they may use that resident.]

6. **Direct** participants to answer the questions on page 7 of their Participant Packets: "Difficult Resident Behaviors."

    [*TRAINER NOTE*: If there are six or more in the class, working in pairs is recommended. If less, have participants work individually.]

7. **Review** responses together as a large group.
8. **Discuss** the relationship between physical expressions and behavior as symptoms of a larger meaning.

Ten Strategies for Dealing with Difficult Residents

FOCUS: **To explore strategies for dealing effectively with difficult residents and to enhance participants' vocabulary development**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Direct** participants to read page 8 of their Participant Packets: "Ten Strategies For Dealing With Difficult Residents."

2. **Ask** participants if there are any unfamiliar words contained in "Ten Strategies For Dealing With Difficult Residents."

   - Possible new words: empathetic, compassion
   - Have participants look up word(s) in the dictionary and add them to their Personal Portfolios.

3. **Ask** participants to come up with examples of each strategy and/or if and when they used one of these strategies with residents.

   [*TRAINER NOTE*: If participants have used some of these strategies, ask whether the outcome of the interaction was positive or negative. Stimulate discussion by asking for their understanding as to "why" something may or may not have worked for them.]

4. **Ask** whether anyone remembers Charlie Chaplin. Explain what Charlie Chaplin is known for: a silent comedy star who has been making generations laugh while often making them think. (His attire was a derby, baggy pants, vest, mustache, and a cane. He often portrayed a poor, down-on-his-luck man with a heart of gold.)

5. **Introduce** the word "surcease". Have participants look up word and add it to their portfolios.

   [One definition of surcease: "A ceasing; end."]

Observing Resident Changes

FOCUS: **To explore distinctions regarding observation and to enhance resident observation skills**

TIME: **25 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 9 of their packets and tell them to read silently: "Observing Your Residents."

2. **Ask,** "Who is most likely to notice patient change, a CNA or the family?"
    - Answer should be CNA.
    - Mention how the CNA is the most direct caregiver.

3. **Discuss** differences between *objective* and *subjective* observations by asking for examples of each.

    Example: Objective Observation = Resident X has green stool with foul odor.
    Example: Subjective Observation = Resident seems depressed.

4. **State** the following:

    Objective Observation: "Just the facts..." What you can actually physically observe, uninfluenced by emotion or personal prejudice. What you can see, hear, smell, touch, etc., i.e., *objective* observation involves the use of the senses. Physical evidence is usually available.

    Subjective Observation: "I've got a hunch..." What you feel or sense about the person you are observing, very strongly influenced by your emotions, interests and prejudices, i.e., *subjective* observation is your gut feeling about something. There may be no physical proof of this hunch.

5. **Stress** that both kinds of observations are important, but you must know the difference between them.

6. **Ask** participants to come up with more examples of each type: subjective and objective. Record examples on newsprint.

7. **Discuss** the difference between prior information and new information.

8. **Stress** the importance of prior information and introduce the term "baseline." Explain that is has an important impact on observation:

    - Baseline information refers to what is "normal" for your resident.

    [TRAINER NOTE: Remind participants to add "baseline" to their vocabulary sheets.]

9. **Ask** participants for examples of sources of prior information.

    Answers should include care plan and shift report.

10. **Refer** participants to page 10 of their packets. Explain that "Key Questions In Resident Observations" provides some useful hints to improve observation skills.

11. **Direct** participants to read "Key Questions" silently to themselves. Ask if there are any questions.

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Essential Skills For Resident Observation

FOCUS: **An activity to practice resident observation skills**

TIME: **30 Minutes**

TRAINING PROCESS:

1. **Create** four groups.

   [TRAINER NOTE: Adjust per class size: If the group is small, ask two groups to do two sheets each or one group to do all four sheets.]

2. **Hand** out the following four pre-titled newsprints and markers to each group: "Mental/Behavioral Situations", "Medical Problems", Safety Issues", and "Quality of Residential Life".

3. **Instruct** each group to build a list of as many observations as it can for their assigned category.

4. **Post** completed lists on the wall.

5. **Review** with groups. Add to lists when there are appropriate suggestions and when necessary.

6. **Refer** participants to the three-page article, *CHANGES ASSOCIATED WITH AGING*, at the backs of their Participant Packets. Remind participants that they used this article in the "Learning Strategies" module to practice skimming.

7. **Direct** participants to use their highlighters to mark unfamiliar words in the article and then to add them to their "Vocabulary Discovery" sheets.

8. **Direct** participants to use their dictionaries to find the definitions of new words. Explain the importance of knowing them. They are medical terms that participants will need on the floor!

   [*TRAINER NOTE*: This is a good opportunity for participants to focus on vocabulary words. In order for entries on "Vocabulary Discovery" sheets for this module to "count", definitions must be included. Suggest to participants that they can work on obtaining definitions at home.]

9. **Tell** participants to tear out and read the *CHANGES ASSOCIATED WITH AGING* article at home or on their own time. Mention that this article is a valuable resource.

NOTES: ____________________

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Summary and Closure

FOCUS: To summarize key ideas and review the *Learning Objectives* of the module

TIME: 20 Minutes

TRAINING PROCESS:

1. **Review** key ideas from the module:
   - Being sensitive to what happens when a person enters a nursing home
   - Understanding difficult behaviors of residents
   - Reviewing ten strategies for dealing with difficult residents
   - The differences between 'objective' and 'subjective' observations
   - Being aware of the importance of prior, new and baseline information

2. **Ask**: "Have the objectives of the module been met? Do you now have the skills listed on the *Learning Objectives* page at the front of your packets?"

3. **Ask** participants to complete the *Learner Post-Assessment*.

   [*TRAINER NOTE*: You have two choices at this time . . . you may read off the answers from the *Learner Assessment: Answer Key* at the end of this Guide and have participants self-correct and compare scores with their *Learner Pre-Assessment*, or score the assessments later and then meet with participants to discuss. You may want to have participants tear out this sheet and store it in their Personal Learner Portfolios.]

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them to deal more effectively with resident behaviors.

5. **Refer** participants to page 9 in their packets and request that they take 5 minutes to fill out the *Summary and Closure* sheet.

6. **Explain** that this is a time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about 5 minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share any points from the paired sharing with the larger group.

9. **Ask** participants to share new vocabulary words, encouraging everyone to offer at least one word.

10. **Direct** participants to put their *Summary and Closure* sheets and their *Vocabulary Discovery* sheets into their Personal Learner Portfolio.

11. **Collect** Personal Learner Portfolios.

12. **Thank** and acknowledge everyone for their participation and conclude the session.

NOTES:

Learner Assessment: Answer Key

A. Fill in the blanks with the correct answer(s).

Scoring Directions: *Give 5 points for each correct answer.*

1. - 2. possessions, independence, or any other reasonable answers are acceptable.

3. - 4. combative, focusing only on themselves, crying, refusing to eat, depression, or any other difficult behaviors are acceptable.

5. - 6. loneliness, anger, medical problems, mental/emotional disorders or any other reasonable answers are acceptable.

7\.,8.,9. use non-threatening body language, use lower/softer voice tone, and repeat requests. (Instructor should use judgment for other acceptable answers.)

10. human behavior, motivation, personality, basic needs of life, human needs, or any other similar answer is acceptable.

B. Fill in True or False (T or F) on the blank line provided opposite the question.

Scoring Directions: *Give 5 points for each correct answer.*

11.	F	16.	F
12.	F	17.	T
13.	F	18.	F
14.	T	19.	F
15.	T	20.	T

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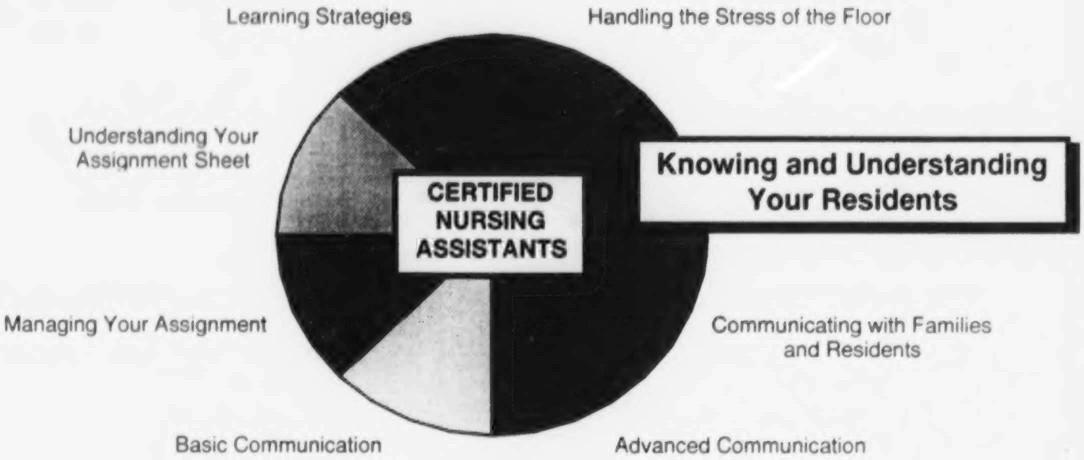
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Handling the Stress of the Floor
Understanding Your Assignment Sheet
CERTIFIED NURSING ASSISTANTS
Knowing and Understanding Your Residents
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

PARTICIPANT PACKET

KNOWING AND UNDERSTANDING YOUR RESIDENTS

PARTICIPANT PACKET

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- **Summary and Closure** 12
- *Sample article: "CHANGES ASSOCIATED WITH AGING" .... (three pages)*

Learning Objectives

Knowing And Understanding Your Residents

Upon completing this module, participants will be able to:

- **Recognize the difference between being 'caring' and being a 'caregiver'**
- **Draw upon enhanced sensitivity to the unique needs and situations of the elderly in a residential environment**
- **Describe Maslow's Theory and be able to relate to needs of the elderly**
- **List Maslow's five needs**
- **Identify two ways their caretaking role can assist in meeting the needs of the elderly**
- **Distinguish between 'objective' and 'subjective' observations**
- **Demonstrate increased knowledge and skills in resident observations that contribute positively to the safety, security, and quality of patient care**
- **Differentiate between 'old' and 'new' resident observation information**
- **Draw upon increased workplace related vocabulary**

Personal Contract

Directions: ***Write down your thoughts before you start this module.***

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

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Vocabulary Discovery

***Directions*:** During the course of this module, write below any new words or abbreviations you have learned and their meaning.

Learner Pre-Assessment

A. **Directions:** **Fill in the blank with the correct answer(s):**

Two things that residents give up when they enter residential care are **1.** ________________ and **2.** ________________. Two common "difficult" resident behaviors are **3.** ________________ and **4.** ________________. Two possible reasons for these behaviors are **5.** ________________ and **6.** ________________. Three techniques to deal with difficult resident behaviors are **7.** ________________, **8.** ________________ and **9.** ________________. Maslow's Theory explains **10.** ________________

B. **Directions:** **Fill in True or False (T or F) on the blank lines below:**

A resident's family and/or friends are most likely to notice and report changes in the resident. **11.** ____________

Prior patient information is not important for new NATs. **12.** ____________

Objective observations are based on feelings and opinions. **13.** ____________

Behavioral changes in a resident may indicate a new medical situation. **14.** ____________

A resident's room may make a nonverbal statement about the resident's life, family, and personality. **15.** ____________

A subjective observation reports facts. **16.** ____________

NATs and CNAs have a responsibility to maintain resident confidentiality. **17.** ____________

For the sake of time, we should discourage residents from "doing for themselves". **18.** ____________

Housekeeping and custodial staff are the only people responsible for resident safety. **19.** ____________

Skilled observations require using all of your senses. **20.** ____________

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Who Is The Resident?

Directions: **Please fill out the following boxes:**

AS YOU ARE NOW:

My most prized possession is:

My favorite spare-time activity is:

The person I most value is:

The role in life I have held of which I am most proud:

The thing or activity that gives me the greatest feeling of self-worth is:

YOU AS A RESIDENT (Your best guess):

My most prized possession is:

My favorite spare-time activity is:

The person I value most is:

The role in life I have held of which I am most proud is:

The thing or activity that gives me the greatest feeling of self-worth is:

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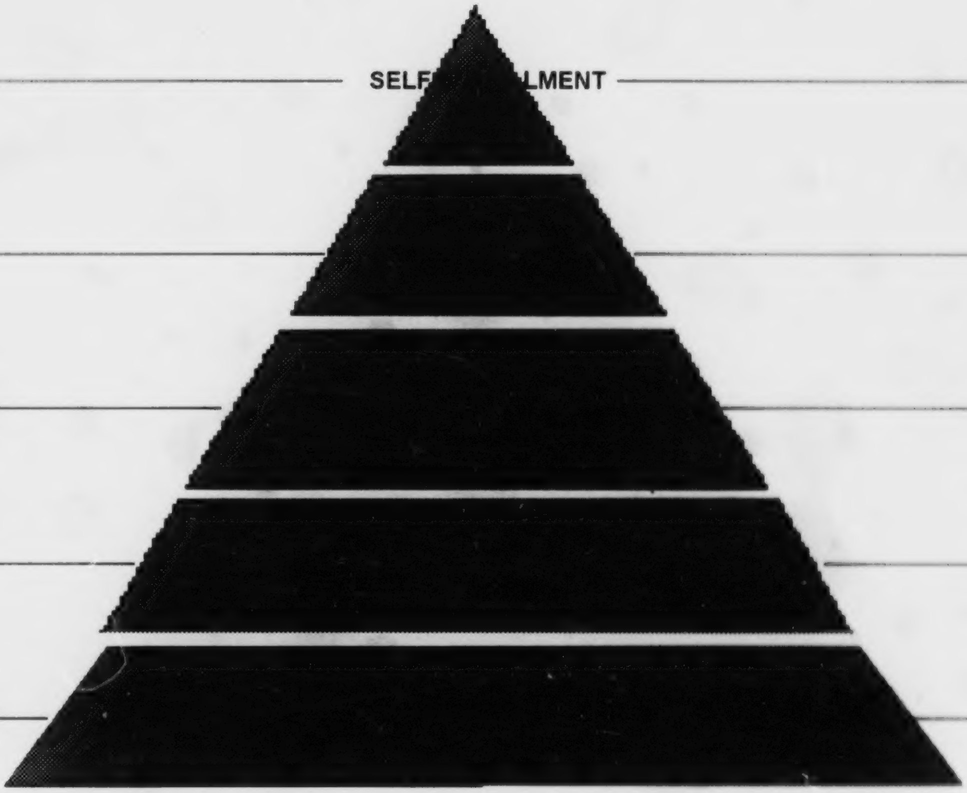
Understanding Behaviors

DIRECTIONS: Add as many examples to each section(s) of the triangle as you can.

MASLOW'S THEORY:



BEST COPY AVAILABLE

Abraham Maslow, "Motivation & Personality" New York : Harper & Row, 1954

Difficult Resident Behaviors

Directions: Choose two behaviors that you have encountered so far as an NAT. Offer a reason as to why you think these residents behave in that manner

BEHAVIOR____________________ / REASON ______________________

BEHAVIOR ___________________ / REASON ______________________

> "The child is the father of the man"
>
> William Wadsworth

Do you know a resident who…

- focuses only on his/herself?
- makes excessive demands?
- is never satisfied?
- is aggressive/hostile?
- is physically combative?
- constantly cries?
- is passive?
- seems withdrawn most of the time?
- expresses confusion?

Ten Strategies for Dealing with Difficult Residents

> "Laughter is the tonic, the relief, the surcease for pain."
>
> Charlie Chaplin

1. Use humor
2. Send positive signals - both verbal and nonverbal
3. Use words of encouragement and praise
4. Speak in lower, even tones
5. Listen to residents
6. Don't argue with residents
7. Show respect to the resident
8. Be empathetic
9. Show compassion by little deeds and actions
10. Ask residents to participate in decision-making whenever it's possible

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Observing Your Residents

Observations may be defined as recognizing or noticing a fact, an occurrence, event, or series of patterns. In resident observations, your role as CNA is critical to the primary and total well being of the patient. It is a difficult role because CNAs must develop a sharpened sense of awareness. Enhanced awareness extends to the unit as a whole and includes the workflow process as well as the family and condition(s) of the resident(s) to whom CNAs provide care.

Skillful observations call for the caregiver to use all of her or his senses. For example, what one can hear, smell, see or feel may be important to resident care. Changes in a resident may be obvious to all staff and family. However, some changes may be of such a subtle nature that only a direct caregiver might notice. CNAs' information regarding the residents in their care is essential and vital knowledge. Without prior information it is difficult to evaluate and report new information that may be observed. Newly hired CNAs and NATs should strive to obtain a composite profile that constitutes each resident's "normal self."

As a CNA, your observations need to be defined as *objective* or *subjective* for the purposes of reporting. Note the following distinctions:

- **Objective** - observable facts
- **Subjective** - observation by feeling or opinion

Key Questions In Resident Observations:

What are you *looking* for?

A sense of the resident's normal self

Changes in condition or behavior

An agreement between what the assignment sheet says and what the resident looks like or is doing

Safety of the resident

Quality of life for the resident

What do you need to *know*?

Basics about the elderly

Resident's personality

Resident's needs as indicated on the assignment sheet

Resident's preferences

What's going on with individual residents

What do you need to *do*?

Talk to the resident while providing care

Listen to the resident's responses

Cue the resident to get the information you need

Evaluate the resident's responses as they relate to security, safety and quality of resident care

Be aware of emergency alarms / call lights

Report important information to the charge nurse

Re-prioritize your schedule to meet unanticipated resident needs

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Learner Post-Assessment

A. **Directions:** **Fill in the blank with the correct answer(s):**

Two things that residents give up when they enter residential care are **1.**________________ and **2.**________________. Two common "difficult" resident behaviors are **3.** ________________ and **4.** ________________________. Two possible reasons for these behaviors are **5.** ________________ and **6.**________________________. Three techniques to deal with difficult resident behaviors are **7.** ____________________, **8.** ________________ and **9.**________________________. Maslow's Theory explains **10.** ________________.

B. **Directions:** **Fill in True or False (T or F) on the blank lines below:**

A resident's family and/or friends are most likely to notice and report changes in the resident. **11.** ____________

Prior patient information is not important for new NATs. **12.** ____________

Objective observations are based on feelings and opinions. **13.** ____________

Behavioral changes in a resident may indicate a new medical situation. **14.** ____________

A resident's room may make a nonverbal statement about the resident's life, family, and personality. **15.** ____________

A subjective observation reports facts. **16.** ____________

NATs and CNAs have a responsibility to maintain resident confidentiality. **17.** ____________

For the sake of time, we should discourage residents from "doing for themselves". **18.** ____________

Housekeeping and custodial staff are the only people responsible for resident safety. **19.** ____________

Skilled observations require using all of your senses. **20.** ____________

Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair up with another person and share your thoughts with your partner. When you are done, put this page in your Personal Learner's Portfolio.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

CHANGES ASSOCIATED WITH AGING

OBSERVED CHANGES

A. SENSORY SYSTEMS

1. Hearing

- *It is often difficult to hear people who speak rapidly.*
  - The ability to hear high pitched sounds is the greatest hearing loss over the years.
  - Frequently a person can hear better with one ear than the other.
  - Impaired hearing may create emotional problems, irritability, suspiciousness.

2. Vision

- *Focusing on objects at various distances becomes more difficult with age.*
  - With aging, the eye cannot accommodate to lights of different intensity, and direct sunlight causes problems with glare.
  - The ability to distinguish colors declines.
  - These changes may combine and lead to disorientation, sudden and frightening visual coulding, and distorted visual images.
  - Peripheral vision decreases.

NURSING ACTIONS

Hearing

- Use low tones when speaking to the elderly.
- Allow time enough for the elderly to respond.
- Keep background noise to a minimum.
- Do not shout; it does not help.
- Supplement conversation with written communication.
- Check to see if hearing aid is in and working.

2. Vision

- Keep glasses clean and accessible.
- Supplement regular print with talking books and material in large print Reader's Digest Special Edition.
- Print large #'s on the phone dial.
- Report to supervisor any blurring of vision, etc.
- Caution to turn their heads to look in each direction for traffic when crossing streets.
- Encourage yearly eye exams.

3. Depth Perception

- *There is often a decreased ability to perceive depth.*
  - Older persons may bump into stationary objects because they thought they were farther away.
  - Frequently, depth perception accounts for messy eating habits – they are not sure where the spoon is in relation to their mouths.
  - They may see steps and street curbs, but have difficulty gauging the depth of risers.

4. Responses to Temperature

- *Decreased ability to feel temperatures is not uncommon.*
  - Decreased ability to feel pain often occurs.
  - There is often decreased ability to adapt to environmental change, such as the decrease or increase in temperature.

5. Smell and Taste

- *Smell and taste perception lessen with age and may affect appetite.*
  - There may be decreased ability to detect first scent of smoke from a fire.

Depth Perception

- Keep traffic patterns clear through rooms and leave wide spaces between furniture.
- Make sure furniture has no sharp edges.

Responses to Temperature

- Check the water temperature before the clients gets into a tub or shower.
- Teach the patient to use a bath thermometer.
- Check foods that retain heat; e.g., potatoes, cheese.
- Caution against sitting too close to radiators.

Smell and Taste

- Establish daily hygiene routines.
- Encourage the purchase of a smoke detector.
- Suggest alternatives to seasonings – herbs and spices.

6. Light Touch and Vibration

- *With age the perception of light touch and vibration gradually decreases.*
  - They may not feel too tight belts, foreign objects in the eye, wrinkles in the bed.
  - Decreased vibration perception is manifested by failure to detect defects in the immediate environment – unsteady footstools, tables.

B. Cardiovascular System

- Valves become thicker and more rigid.
  - Vessels become less elastic.
  - Blood pressure increases.
  - Heart rate slows.
  - Sudden stress is not managed well by the aged heart; lesser elevation in pulse rate; prolonged time for return to the previous rate.

C. Respiratory System

- Lungs appear larger due to loss of elasticity.
  - Thoracic muscles become more rigid.
  - Respiratory muscles are weaker.
  - Ciliary action decreases.

These changes interfere with coughing and expectorations in the elderly.

Light Touch and Vibration

- Reach out and touch the elderly when speaking to them.
- Teach them not to wear garters or tight clothing.
- Maintain good oral hygiene.
- Make sure the bed is wrinkle-free.
- Check wheelchair and furniture for proper maintenance.

B. Cardiovascular System

- Avoid overextertion.
- Encourage exercise according to client's limitation, but allow frequent rest periods.
- Caution against wearing constricting clothing.
- Prevent pooling of blood caused by crossing legs.
- Report any complaints of chest, back, or arm pain; shortness of breath; swelling.

C. Respiratory System

- Avoid overextertion.
- Allow frequent rest periods.
- If on bedrest, encourage them to turn, cough, and deep breathe.
- Do not smoke around your clients.
- Caution clients to avoid people with upper respiratory conditions.

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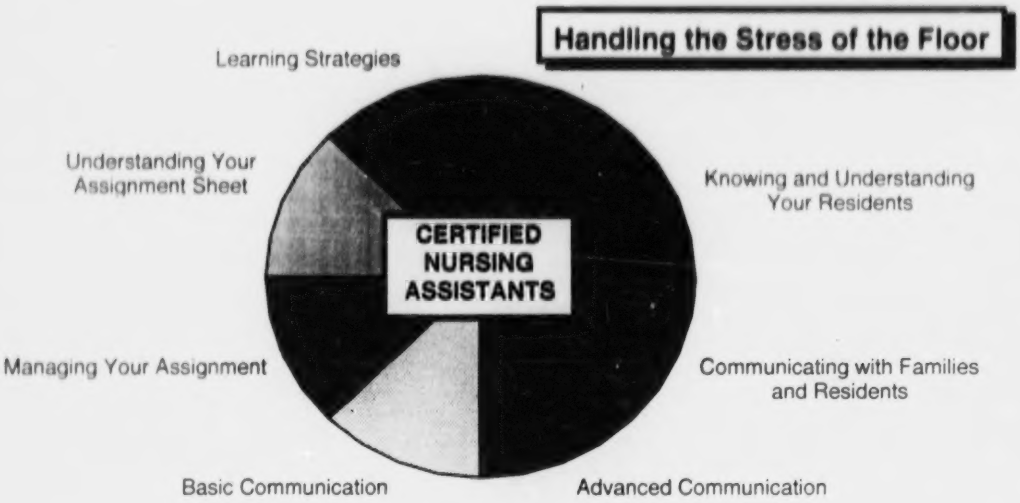
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Handling the Stress of the Floor
Learning Strategies
Understanding Your Assignment Sheet
Knowing and Understanding Your Residents
CERTIFIED NURSING ASSISTANTS
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

TRAINING PROCESS GUIDE

HANDLING THE STRESS OF THE FLOOR

TRAINING PROCESS GUIDE

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Trainer Preparation

- Familiarize yourself with the *Rationale* for this module on the following page.
- Prepare newsprint with *Learning Objectives* (optional - see *Introduction*).
- Prepare four individual newsprint sheets titled: "Personal Sources of Stress", "Personal Management Techniques", "Workplace Sources of Stress", "Workplace Management Techniques".
- Since this module is recommended to be the last in the series, you may wish to have a graduation ceremony and arrange your time accordingly (see *Graduation Ceremony* at the end of the *General Training Overview*).
- Grade and review participants' work from the previous module.
- Gather and prepare *Trainer* and *Participant* materials listed below.

Materials:

The trainer is responsible for knowing how many participants will be in attendance prior to training so that s/he can reproduce and supply the correct amount of participant materials listed below.

Trainer
Newsprint and Flipchart Stand
Markers and Masking Tape
Registration Forms
Large Language Dictionary
Medical Abbreviation Dictionary (recommended)

Participants
Participant Packets
Highlighters, Pencils, Pens
'Color Coding Labels' - 2 different colors (*see Preferred Strategies*)
Personal Learner Portfolios (recommended)
Vest Pocket Dictionaries (recommended)

Classroom Setting:

- The room should be large enough to allow participants to move into pairs and small groups.
- Table space should be available for groups to write on large newsprint pages.
- Walls should accommodate flip chart pages being taped around the room.
- Tables and chairs should be movable to allow for different configurations.

Training Time: 2 Hours

HANDLING THE STRESS OF THE FLOOR

Rationale and Goal

The first few weeks on the floor are difficult for new nursing assistants. Training coordinators and supervisors indicate that, like most people in helping professions, nursing assistants experience stress in the workplace. Yet to do their best work, new nursing assistants need to generate some tension and a degree of stress. Therefore, new nursing assistants need to understand that stress by itself is neither positive nor negative, but that they must develop strategies to adapt, minimize, or eliminate those factors that might lead to low productivity, inefficient work processes, and interpersonal discord.

It is the goal of this module to address job stress and to promote the development of skills for handling the stress of the workplace environment. The module advances in a logical sequence from self-assessment checklists to principles defining stress recognizing the emotional and physical consequences of continued stress and identifying stressors. It concludes with stress management/reduction strategies and techniques that can be used on the job in the elder care workplace. Direct and immediate application of skills learned are supported by case studies and specific practice exercises, including an assignment on the floor. A peripheral goal of this module is to contribute to better retention of new nursing assistants by easing tensions between new and experienced staff.

Learning Objectives

Upon completing this module, participants will be able to

- Identify some positive and negative aspects of their work experience as new nursing assistants
- Identify potential sources of stress as well as their own specific aggressors in the workplace
- Recognize specific effects that stress has on their own personal and professional behavior
- Describe and illustrate healthy and unhealthy ways of responding to stress in the workplace
- Explain and illustrate specific strategies for coping with stress in role plays, case studies, and assignments taken from the floor and the workplace context
- List at least two new vocabulary words or phrases presented in the module and identify their meanings

Competencies

- Developing self-directed learning
- Building new vocabulary words and their meanings
- Using the dictionary as a resource
- Analyzing meaning through the use of quotations
- Applying basic logic to analyze stressful workplace situations
- Coping with and reducing stress

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Introduction

FOCUS: **To allow participants to introduce themselves and to provide a general overview of the *Rationale* and *Learning Objectives* of the module.**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Welcome** the participants and introduce yourself as the trainer.

2. **Distribute** the attendance roster, any other required forms, and the Personal Learner Portfolios.

3. **Conduct** a brief go-round or 'ice-breaker' if appropriate.

4. **Remind** participants of where they are in the sequence of modules by referring them to the pie chart of titles on the cover of their *Participant Packets*.

5. **Review** the *Rationale* of the module by either reading it aloud or by summarizing: "This is the third of three modules on communication. In this module, the knowledge and skills gained from the *Basic* and *Advanced Communication* modules are applied to interactions with residents and their families."

6. **Present** an overview of the module's *Learning Objectives.* There are two options for facilitation.

   Option I:

   a) **Show** *Learning Objectives* on pre-printed newsprint, or

   b) **Refer** participants to the *Learning Objectives* on page 1 of their *Participant Packets* and either review as a group or read silently and discuss.

Option II:

[*TRAINER NOTE:* Option II offers a richer larger group interaction, but takes more time and requires that the trainer be comfortable assimilating unexpected participant responses into the flow of the training.]

a) **Present** a general overview of the *Rationale* of the module.

b) **Distribute** newsprint and markers to participants individually or in small groups depending on size.

c) **Direct** participants to write their individual expectations for the training session based on the *Rationale* of the module.

d) **Post newsprint** sheets around the room.

[*TRAINER NOTE:* If space does not allow, ask participants to verbalize while you write responses on newsprint and post.]

e) **Show** *Learning Objectives* on a pre-printed newsprint and compare to posted participant lists.

[*TRAINER NOTE:* Try to prepare for expected learning objectives that are not listed on your prepared newsprint. Trainee suggestions need to be addressed in some manner once vocalized. You may want participants to tear out their *Learning Objectives* page and store it in their Personal Learner Portfolios at this time.]

7. **Direct** participants to fill out the *Personal Contract* on page 2 of their *Participant Packets*. This is an individual activity that does not need to be shared, but, if appropriate, the trainer may ask for volunteers to share responses with the larger group. You may want participants to tear this page out and store it in their Personal Learner Portfolio.

8. **Review** *Vocabulary Discovery* on page 3 of the *Participant Packet* and direct participants to tear it out and keep it near them during the course of the module in order to jot down any new vocabulary words or terms they may come upon. Remind participants that a prize will be given to the person who has the longest list of new vocabulary words and definitions at the end of the training program. Remind participants that they need to be able to use the new vocabulary in a sentence.

[*TRAINER NOTE:* You may want to allow time during certain activities for participants to use their vest pocket dictionaries to look up vocabulary words and record definitions. You may also use this activity to fill participants time when they finish activities ahead of others.]

9. **Give** participants time to complete page 4, *Learner Pre-Assessment*, in their *Participant Packets*. Explain that it is expected they will not know many of the answers at this time. They should see a gain in their knowledge at the end of the module where they have a chance to answer the same exact questions on the *Learner Post-Assessment*. You may want participants to tear out this page and store it in their Personal Learner Portfolios.

NOTES:

"Stress: It's Everywhere!"

FOCUS: **To encourage participants to begin to think about stress in a healthcare workplace**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Refer** participants to page 5 in their packets: "Stress and the Healthcare Workplace".
2. **Ask** participants to individually fill out responses to stress situations that they experienced on the floor or unit.

   [TRAINER NOTE: If they haven't been on the floor yet, use a situation that has been discussed in the clinical training class.]

3. **Direct** participants to each share what they wrote with the large group.
4. **Discuss** any patterns or trends (more than one person who has the same stress situation) that emerge in the class.
5. **Explain** that opportunities to learn and practice specific techniques for handling stress will be an important part of this module.
6. **Ask** participants to discuss the quotation on page 6, "Overview", of the Participant Packet. The quotation is from Billy Joel's song *Pressure*.
7. **Request** that participants write down the word *paranoid*.
8. **Direct** participants to write what they think the word, *paranoid* means.

9. **Ask** the group to share definitions.

   One definition of paranoia: "Well-rationalized delusions of persecution or grandeur"

10. **Ask** participants what they think Billy Joel meant in his song.

    Be sure to address the following questions in discussion:

    - What is pressure?
    - How does fear increase pressure?
    - What do fear and insecurity do to individuals?

11. **Remind** participants to use the dictionaries.

NOTES: ______________________________

Assessment of Personal Stress

FOCUS: **To encourage participants to reflect upon their own personal levels of stress**

TIME: **20 Minutes**

TRAINING PROCESS:

1. **Direct** participants to complete page 7 of the Participant Packet: "What Is Your Stress Level?" and to note their scores.

2. **Generate** discussion by asking participants to share scores.

   [TRAINER NOTE: The purpose of this activity is for individuals to begin thinking about whether they have their job under control, could use some stress management techniques, are approaching burn-out, or are beginning to feel out of control.]

3. **Ask** : "What are some examples of "helping professions?"
   - Doctors
   - Social Workers
   - Police, etc.

4. **Ask** why these professions are uniquely prone to increased stress.

   Discussion should include:
   - Helping professionals are dealing with others who are in distress and they very easily take on that distress themselves.

5. **Ask**: "What happens in the workplace if people cannot manage their stress?"

   Make sure responses include:
   - low morale & poor productivity
   - difficult relations with co-workers and residents
   - tardiness & absenteeism
   - inadequate attention / concentration leading to low-quality resident care

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6. **Refer** participants to the bulleted section on page 6, Overview, in the Participant Packet for a list of these factors.

7. **Direct** participants to complete page 8 of the Participant Packet, "Consequences of Stress" and to note their scores.

8. **Generate** discussion by asking participants to share scores.

   [TRAINER NOTE: The purpose of this checklist is to enhance awareness of the physical as well as the psychological manifestations of stress.]

9. **Ask** participants for other responses that they may have experienced.

   [TRAINER NOTE: The checklists, responses, and discussion generally invite some humor, ventilation, and shared experiences and serve to advance group cohesiveness. The instructor may want to share some of her/his experiences as well. It is essential to establish this tone so that the training environment sets participants at ease with the freedom to speak of both personal and workplace stress in a comfortable, although structured, atmosphere.]

NOTES:

Definitions of Stress and Stressors

FOCUS: **To explore definitions of "stress" and "stressors"**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Ask** participants to read the story of the sixty year-old grandmother contained in the framed box on page 9 of the Participant Packet.

2. **Ask** the whole group to respond to the questions in the framed box.

3. **Ask** participants whether they have heard of similar stories, or whether it has ever happened to them. If so, ask for some examples or sharing of experiences.

4. **Ask** participants if they have any idea what is happening in their bodies when they are stressed? Record responses on flipchart, which might include:.

    - increased adrenaline
    - loss of oxygen
    - use of sugar and stored sugar

5. **Explain** that one very important side-effect of stress is *fatigue*:

    - Fatigue is caused by a loss of oxygen and sugar
    - Fatigue is directly related to workplace productivity

6. **Ask:** "Do you ever feel like you don't want to get up in the morning? It could be stress!"

7. **Remind** participants of the information on the "Overview" *(page 6)*. Stress can cause:

   - tardiness
   - absenteeism
   - poor productivity
   - being short tempered with co-workers, etc.

8. **Lead** a discussion to explore a definition of "stress." Record responses on newsprint.

   [TRAINER NOTE: The point of the next few steps is to make the distinction between *symptoms* of stress and a *definition* of stress. Common responses are "emotions" and/or physical manifestations. Try to sort out symptoms, both emotional and physical.]

9. **Point** out that the earlier activity sheets ("What Is Your Stress Level" and "Consequences of Stress") focused on *symptoms of* stress.

10. **Ask** again: "So, what is stress?"

    - Emphasize: "Stress is a nonspecific response."
    - Not positive or negative - It is a nonspecific or neutral response.
    - Focus on response, since the key to reducing stress is managing responses.
    - The point: We put our own positive or negative interpretations on stress.

11. **Lead** a discussion to develop a definition of "*stressor.*" Record responses.

12. **Point** out that stressors may have both positive and negative effects:

    Examples of positive stress:

    - weddings
    - births
    - vacations, etc.

Defense Mechanisms

FOCUS: **To introduce the notion of "fight or flight" defense mechanisms and to explore personal sources of stress and personal management techniques**

TIME: **30 Minutes**

TRAINING PROCESS:

1. **Divide** a sheet of newsprint into two columns. Label one column "Fight" and the other column "Flight."

2. **Explain** the difference between the "fight" or "flight" defense mechanisms.

   Fighter - argumentative, loud voice, confrontational behavior

   Flighter - passive, withdrawn, internalized feelings

3. **Ask** each participant to say which defense mechanism they use most often.

   a) Make a mark for each on the "Fight" or "Flight" newsprint you've created.
   b) Tally up the marks to see how many "Fighters" and how many "Flighters" are in the room.

   [TRAINER NOTE: Some may say they are in the middle. This is acceptable and will be discussed later.]

4. **Briefly** discuss "fight" or "flight" responses to stressful situations using the following questions:

   - Do the situations and/or people involved determine your response?
   - Do you use a combination of both "fight" and "flight?"
   - What is the result of two individuals using "fight mechanisms" as a response to stress?

     (Nothing happens. There is no movement toward resolution - Conflict just goes on and on.)
   - Are there strategies to control your own dominant responses?

     (Yes, there definitely are! This will be the next focus.)

5. **Explain** that the main point of this discussion is that we all need to work our way toward the middle between the extremes of "fight" and "flight:"

   - If you tend to respond as a "*fighter*", you need to work on maintaining your *calm*.

   - If you tend to respond as a "*flighter*", you need to work on becoming more *assertive*.

6. **Distribute** to each pair, markers and four pre-titled sheets of newsprint categories with the following titles: *Personal Sources of Stress*, *Personal Management Techniques*, *Workplace Sources of Stress*, and *Workplace Management Techniques*.

7. **Direct** pairs to make lists on the first two sheets focusing on *personal* stress and *personal* management techniques.

8. **Hand** out a supply of 'Color Coding Labels' or colored stickers (2 different colors) while pairs are working on their lists.

   [TRAINER NOTE: Make sure each person has at least ten labels of each color (more if the group is particularly large). An equal number of dots should go to each participant. These stickers will be used for voting later.]

9. **Direct** pairs to hang their first two completed sheets up on the wall.

10. **Direct** pairs to make lists on the second set of sheets focusing on *workplace* stress and *workplace* management techniques.

11. **Direct** pairs to hang this second set of sheets up on a different wall from the first.

   [TRAINER NOTE: It is important that the sheets focusing on personal stress and management are on a different wall of the room from the sheets focusing on workplace stress and management techniques.]

Preferred Strategies

FOCUS: **To identify stress reduction techniques**

TIME: **25 Minutes**

TRAINING PROCESS:

[TRAINER NOTE: This is a continuation of the previous activity and will focus on noting common personal and workplace stress patterns.]

1. **Review** the posted lists together.

2. **Reduce** all lists by eliminating duplicates.

    a) List reduction should begin with Personal Sources and Personal Management Techniques.

    b) Then use the same procedure for Workplace Stress and Workplace Techniques.

3. **Explain** to participants that they are going to use their colored stickers to vote.

    - They can use more than one sticker on a particular item if they feel particularly strongly about it.

    - One color sticker is for voting on the 'Personal' lists and the other color sticker is used for voting on the 'Workplace' lists.

4. **Direct** participants to take the colored sticker assigned to the 'Personal' sheets and go to the wall and stick them next to the items they view as:

    [In the following order:]

    1) their *most important* personal sources of stress
    2) their *most valuable* personal management techniques

5. **Direct** participants to take the other color stickers and go to the 'Workplace' sheets on the wall and stick them on the items they view as:

    1) their *most important* workplace sources of stress
    2) *most valuable* workplace management techniques.

6. **Tally** the colored stickers and record a "top five" list for each of the four categories on newsprint.

    [TRAINER NOTE: This is a "think on your feet" activity to lead. A primary purpose of the activity is to reinforce the concept of a team approach by noting common personal and workplace stress patterns and sharing stress reduction techniques. During this activity, be certain to shift the focus gradually from the personal to the workplace. Information gained from this activity will help focus on workplace stressors and strategies for coping, emphasizing the top five identified.]

7. **Emphasize:** "As a class, you are a team. You're getting to know each other now, in training, and you will be sources of support to each other later when on the floor." Stress that personal skills are transferable to the workplace

8. **Refer** participants to page 10 in the Participant Packet: "Sources of Stress in the Workplace."

9. **Ask**: "Did we leave anything off our lists?"

    If so, add it to the lists created by the participants.

NOTES: ____

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Stress Management Techniques

FOCUS: To explore stress management techniques

TIME: 30 Minutes

TRAINING PROCESS:

[TRAINER NOTE: For paired activities, whenever possible, encourage participants to partner with someone they haven't paired with as often. Explain to them that the more people they know well in training, the broader their support base will be when they are working on the floor.]

1. **Refer** participants to page 11 in their Participant Packets, "Controlling Your Own Stress: Using Positive Self-Talk".

2. **Direct** participants to read the first column "Negative Self-Talk".

3. **Direct** participants to turn to a partner:

    - Direct partners to share with each other the situations that have occurred on the floor or in the classroom training where they practiced negative self-talk.

    - Direct participants to reconstruct the situation with their partner, only this time, using positive self-talk.

4. **Refer** to page 12 in the Participant Packet, "Controlling Your Own Stress: Deep Breathing."

    a) Explain that participants are going to practice a stress reduction activity together.

    b) Demonstrate simple breathing relaxation methods for the group.

    [TRAINER NOTE: Use numbers 3, 4, 5, and 11 from the 'Deep Breathing' page for the classroom situation.]

    c) Remind participants of the relaxation technique they went through on the *Learning Strategies* video that was suggested to reduce test-taking anxiety.

5. **Summarize** techniques listed on page 13 of the Participant Packet, "More Ideas for Workplace Stress Reduction."

Dealing With Dissonance

FOCUS: **To explore ways to deal with the mismatch between what participants learn in training classes and what they encounter on the floor**

TIME: **10 Minutes**

TRAINING PROCESS:

1. **Ask** if anyone knows the meaning of the word "dissonance."
2. **Direct** participants to look up "dissonance" in their dictionaries and record the word and definition on their "Vocabulary Discovery" sheets.
3. **Explain** that the definition of "dissonance" that is most useful for the training is the one that means "*a mismatch*."
4. **Ask** participants if they have observed mismatches or "dissonance" on the unit between what they are learning in certification training and the reality of a residential day-to-day operation.
5. **Lead** a discussion based on the following questions:
    - What can participants learn from experienced nursing assistants?

      One possible answer: you can learn short cuts that work
    - What can they share with experienced nursing assistants?

      One possible answer: new knowledge can be shared
    - When do you go to your supervisor regarding dissonance on the floor?

      One possible answer: any time you observe practices that interfere with the safety, security and quality of residential care

Case Scenarios

FOCUS: To provide participants with an opportunity to practice handling stress on the floor.

TIME: 40 Minutes

TRAINING PROCESS:

[TRAINER NOTE: You have a number of methodologies available in using these case studies. The methods you consider may depend on the following factors:

- number of participants
- your flexibility in using more than one approach
- your "read" of trainee maturity, style, and interests

Your training approach may include (but not be limited to) the following methods:

- asking participants whether they have observed any "mismatches"
- asking participants for specific examples
- writing examples on newsprint and keeping for discussion during case study analysis

You will need to make a judgment call regarding written posted responses. Some examples will support case scenarios; others may be communication problems. *Acknowledge that effective communication reduces stress and that some examples may illustrate poor communication.* Indicate those examples will be saved and discussed during the communication sessions of the training.]

1. **Refer** participants to case scenarios on pages 14-18 in their Participant Packet. The case studies address dissonance and resulting stress.

2. **Direct** participants to form groups to read and report on specific scenarios.
    - Assign one or more scenarios to a group
    - Depending on trainee numbers, assign scenarios 1 and 2 to individual groups
    - Have all groups read and report on Scenario 3

Tell groups that if they choose, they may role play their scenarios.

[TRAINER NOTE: If time allows, role plays may be reconstructed at the conclusion of the discussion and analysis of scenarios. Reconstructed role plays should illustrate the "correct" approach, based on newly developed skills.]

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3. **Case Scenarios:**

a) **Case Scenario 1:**

Key Learning and Discussion Points:

- stress of being the only new person on the floor
- dissonance between what nurses and experienced CNAs think a newcomer has been exposed to in training
- insecurity about procedures
- non-empathic body language; empathic nonverbal cues
- rather than just observe, perhaps CNA should have let Posey do as much as she could and guide her
- the *mentoring process* and developing relationships
- team building and working together more efficiently
- developing more effective strategies to reduce stress than crying

b) **Case Scenario 2:**

Key Learning and Discussion Points:

- stress as a result of observing CNA "buddy" doing something different than George was taught in his training class
- George wondering which was the "right" technique creating confusion and anxiety
- concern about "telling" on a co-worker
- how George will be treated if he doesn't go along with the experienced CNAs.
- Making the "right" decision about speaking to his training instructor later
- handling the stress when forced into this situation
- "sticking" with what you learned in the classroom
- "adapting" what you learned in the classroom in favor of "reality"
- "abandoning" what you used in the classroom
- "floor reality" being defined

c) Case Scenario 3:

Key Learning and Discussion Points:

- Posey prioritized when she decided to give the resident a sponge bath instead of a shower. Was this a good decision? How can prioritizing reduce stress levels?
- Should Posey have verbalized her concerns about her capability to handle all these tasks?
- Where was the "mismatch" in the Charge Nurse's expectations and Posey's ability to effectively cope with multiple tasks?
- What could Posey have said or done to relieve tensions between herself and the experienced CNA?

[TRAINER NOTE: If groups are doing role plays of scenarios, have groups that observe pay particular attention to nonverbal cues such as body language, attitude, and so on.

- Refer participants back to *Controlling Your Own Stress* and discuss options. For example, Posey could have counted to ten, practiced positive self-talk, or used a quick breathing exercise rather than crying. Point out that crying is a "flight" reaction.
- Illustrate examples of what can be learned from experienced nursing assistants.
- Remind participants that they also bring things to the unit that they can share with experienced CNAs--positive attitudes, enthusiasm, new techniques and approaches.
- Discuss the role of the supervisor in *dissonance* issues.]

NOTES:

Case Scenarios

HANDLING THE STRESS OF THE FLOOR

Featuring . . .

Posey Hoyer-Lift and George Gait-Belt III
Nursing Assistant Trainees (NATs)

and

The Magical Mentor for
Nursing Assistant Trainees

Posey Hoyer-Lift and ***George Gait-Belt III***, are fictional characters who are beginning their Nursing Assistant training. Posey and George will be observers to events and interactions on the floor, as well as actors involved in scenes from the workplace. In addition, you will also meet the *Magical Mentor*.

The ***Magical Mentor*** serves to assist and support George and Posey throughout their training. The *Magical Mentor* initiates dialogue, provides feedback, and generally provides insight and a supportive role as a coach to the NATs.

Time to move ahead with Posey and George and their *Magical Mentor*......

Case Scenarios (continued)

Directions: Refer to dialogue between Posey and George at the completion of this activity for discussion.

SCENARIO #1:
Posey was very excited about her first day on the floor. She was disappointed, however, that George was assigned to another floor. She hoped that they could help each other out since they were both new. Just as she was thinking this, a nurse told Posey, "Answer the call bell for Resident D in 318-- and you will need a Texas catheter." The nurse also told Posey that when she finished in 318, Resident X in 320 needed a colostomy exam.

Posey felt overwhelmed. She couldn't recall whether she had seen a colostomy exam in training or knew what to do. For sure, she felt uncomfortable about doing a catheter!

Posey explained her insecurity to the nurse. Although the nurse was sympathetic, she didn't look happy. She called an experienced CNA and told Posey to observe and learn as quickly as she could. The experienced CNA expressed less sympathy for Posey's nervousness. She reminded Posey that she was now doing extra work and her schedule would be screwed up for the rest of the morning. Posey felt so frustrated that she went into the bathroom and cried.

SCENARIO #2:
George was excited that he was finally on the floor and eager to participate in floor activities. He was happy that he and his experienced CNA mentor, Buddy, would be making rounds together. While George was assisting Buddy with a lift for Resident G, he was aware that the way he was taught to lift patients in training and the way Buddy was lifting, were different. When he questioned Buddy regarding the procedure that had taken place, Buddy said, "George, in the real world we don't do it that way-- there's not enough time, take my word for it." George was both confused and anxious. He decided that he would discuss it with his training coordinator later. Then the thought struck him that he might get Buddy in trouble and he didn't want to do that. George then thought he might not have understood the procedure correctly. George became so preoccupied with his conflicting thoughts and how to handle them that he lost enthusiasm and his attention wandered for the rest of the morning.

SCENARIO #3:
Posey returned to the floor after crying in the bathroom and decided to move on as best she could. She had three more residents to get ready for breakfast. Two were pretty routine and under the guidance of her experienced co-worker. Posey was beginning to feel better. As they were moving to prepare the third resident, the charge nurse told Posey's co-worker that she had a phone call.

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Posey's partner had to leave immediately because her daughter was ill, and she had to pick her up from school.

Posey asked the nurse who was going to help her. "Nobody," responded the nurse. "You can see that we're short staffed and you should be able to handle it." Posey was nervous and went into the last resident's room for breakfast preparation. "Oh no," said Posey, as she noticed the strong smell of diarrhea. A quick examination indicated that the resident should be showered. But, two were needed to assist this resident in the shower. Where, wondered Posey, would she find someone to help? Not the CNA that I had to bother this morning, thought Posey, that's for sure. I have already given her extra work.

The intercom came on and the nurse told Posey that when she finished, "go to 313 quickly to assist with a transport". "They didn't teach me all this in class," moaned Posey, whose head began to throb. Posey decided not to give the resident a shower and cleaned her up as best she could and brought her to the dining room.

Posey ran as fast as she could to room 313 to assist with the transport. She knew she was late and, "Not again," thought Posey as the CNA waiting for her was the one called to do her tasks in the morning. She must think I can't do anything right, thought Posey, getting even more nervous. The CNA looked at Posey, threw out some negative body language, and mumbled something about never finishing her day. There was an uncomfortable silence as they transported the resident. Posey didn't know what to say. Should she apologize? Should she try to explain? Should she offer to do something to help the CNA? . . . should, should, should, thought Posey. "Shouldn't someone do something for me?" "What can I do for myself?" She fought back tears again and FINALLY IT WAS BREAKTIME!

DIALOGUE & DISCUSSION:

Posey seriously considered two possibilities: one was to quit training; the second was to have a cigarette, even though she stopped smoking five years ago. She brightened up when she saw George heading for her table. Her cheerful mood faded quickly, however, when George banged his tray down on the table.

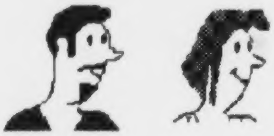
"Bad day, George?"

"Posey, I'm so frustrated. There are so many different things going on in the unit. So much is different from what I thought we learned. I'm afraid to say anything because I don't want everyone mad at me. At this point, I'm not sure about who or what is right or wrong, or maybe I got it all wrong. I don't know what I'm supposed to do."

"I know how you feel, George," said Posey, and she filled him in on her morning.

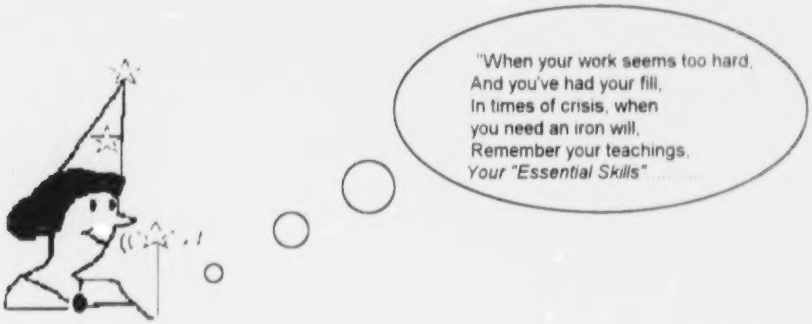
"I feel a mixture of frustration, confusion, and anger," said George.

"Ditto," said Posey.



George and Posey said no more, each wrapped up in their private thoughts--just staring into their coffee cups, when, SUDDENLY, the *CNA Magical Mentor for NATs* appeared!

Directions: Break into small groups and pretend you are the *CNA Magical Mentors for NATs*. Write down what advice you would give to George and Posey concerning each scenario. Be specific concerning techniques to manage stress. Be prepared to discuss, as a large group, the communication interaction in all scenarios.


"When your work seems too hard,
And you've had your fill,
In times of crisis, when
you need an iron will,
Remember your teachings,
Your "Essential Skills"......

Summary And Closure

FOCUS: **To summarize key ideas and review the *Learning Objectives* of the module and to complete the Vocabulary Discovery contest by acknowledging the winner**

TIME: **15 Minutes**

TRAINING PROCESS:

1. **Ask** participants to complete the *Learner Post-Assessment* on page 19 of their packets.

   [TRAINER NOTE: You have two choices at this time . . . you may read off the answers from the Learner Assessment: Answer Key at the end of this Guide and have participants self-correct and compare scores with their Learner Pre-Assessment, or score the assessments later and then meet with participants to discuss. You may want to have participants tear out this sheet and store it in their Personal Learner Portfolios.]

2. **Review** key ideas:
   - Identifying personal stress and workplace stress
   - Assessing your own stress level
   - Stress is a neutral, non-specific response
   - Analyzing "Fight or Flight" defense mechanisms
   - Identifying preferred strategies for managing stress

3. **Ask**: "Have the objectives of this module been met? Do you know have the skills listed on the *Learning Objectives* page at the front of your packets?"

4. **Ask** participants what they have learned in this module that will be the most valuable in helping them manage their stress on the floor.

5. **Refer** participants to page 20 in their packets and request that they take 5 minutes to fill out the "Summary and Closure" sheet.

6. **Explain** that this is a time for them to think about what they have learned during this session and to plan how they can continue their learning back on the job.

7. **Direct** participants to pair with another person and spend about 5 minutes sharing their thoughts with their partner.

8. **Reconvene** the group and ask whether anyone wants to share any points from the paired sharing with the larger group.

9. **Announce** that the "Vocabulary Discovery" contest is about to be decided!

10. **Ask** participants to add up the number of new vocabulary words listed on all of their "Vocabulary Discovery" sheets.

    Determine the winner and award with a small prize.

11. **Thank** and acknowledge everyone for their participation and conclude the session.

12. **Conduct** graduation activities.

    [TRAINER NOTE: See Graduation Ceremony section at the end of the *General Training Overview*.]

NOTES: ____

Learner Assessment: Answer Key

A. ***Scoring Directions:* Give 5 points for each correct answer.**

1. F
2. F
3. T
4. T
5. T
6. F
7. T
8. F
9. T
10. F

B. ***Scoring Directions:* Give 5 points for each correct answer.**

11.-12. Accept any answer for techniques used by trainee as correct (e.g., excusing self from situation, isolating self in bathroom, etc.). Do not accept physical symptoms or negative behaviors (e.g. spitting, yelling, etc).

13.-14. Acceptable correct answers include: positive self-talk, deep breathing, emotional time-out, count to 10, physical time-out, find supportive listener, take baby steps, flexibility, self-praise, use good communication skills, priority setting, or any other reasonable answer.

15. Response or Reaction

16.-17. Fight and Flight **OR** Aggressive and Passive are acceptable.

18.-19. Positive and Negative **OR** Emotional and Physical are acceptable.

20. Acceptable answers include: absenteeism, poor productivity, low morale, problems with co-workers, tardiness, poor patient care, or any other reasonable answer (symptoms are not acceptable).

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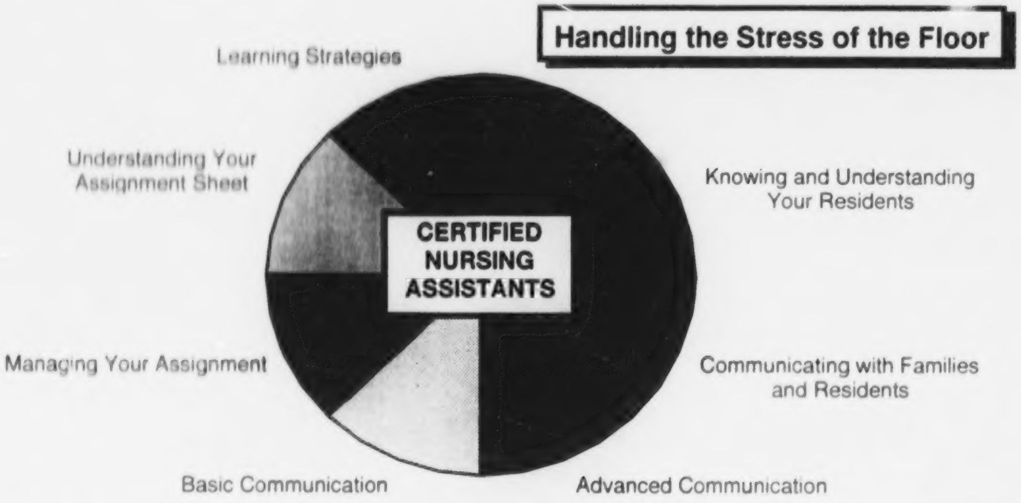
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Handling the Stress of the Floor
Learning Strategies
Understanding Your Assignment Sheet
CERTIFIED NURSING ASSISTANTS
Knowing and Understanding Your Residents
Managing Your Assignment
Communicating with Families and Residents
Basic Communication
Advanced Communication

PARTICIPANT PACKET

HANDLING THE STRESS OF THE FLOOR

PARTICIPANT PACKET

Table of Contents

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- Personal Contract 2
- Vocabulary Discovery 3
- Learner Pre-Assessment 4
- Stress and the Healthcare Workplace 5
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- Seeking a Definition of Stress 9
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- Controlling Your Own Stress: Using Positive Self-Talk 11
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- Case Scenarios 14
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Learning Objectives

Handling The Stress of the Floor

Upon completing this module, you will be able to:

- Identify some positive and negative aspects of your work experience as a new Nursing Assistant
- Identify potential sources of stress as well as your own specific stressors in the workplace
- Recognize specific effects that stress has on your personal and professional behavior
- Describe and illustrate healthy and unhealthy ways of responding to stress in the workplace
- Explain and illustrate specific strategies for coping with stress through role plays, case studies, and assignments taken from the floor of the workplace
- List at least two new vocabulary words or phrases presented in this module and identify their meanings

Personal Contract

***Directions**: Write down your thoughts before you start this module.*

My expectations for this training include

What I can contribute to this workshop is

This will be an effective use of my time if I

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Vocabulary Discovery

Directions: During the course of this module, write below any new words or abbreviations you have learned and their meaning.

Learner Pre-Assessment

A. ***Directions***: **Fill in True or False (T or F) on the blank line opposite the question.**

Stress is an emotional response to an event. **1.** ____________________

Stress levels are related to the number of stressors that people experience. **2.** ____________________

Stressors may be positive or negative. **3.** ____________________

A sign of stress is to lose oxygen. **4.** ____________________

Members of helping professions experience increased stress. **5.** ____________________

An example of aggressive behavior is to 'take flight'. **6.** ____________________

A source of strength in stressful situations is increased adrenaline to the body. **7.** ____________________

In stressful situations, sugar in the body increases. **8.** ____________________

Stressors are events that cause stress. **9.** ____________________

Positive self-talk is not a good stress reduction technique. **10.**____________________

B. ***Directions:*** **Fill in the blanks with the correct answer(s):**

Two examples of personal stress management techniques are **11.** ______________ and **12.** ______________. Two specific stress reduction techniques that you can use in the workplace are **13.** ______________ and **14.** ______________

Stress is a **15.** ______________ of the body. Two "defense mechanisms" for dealing with stress are **16.** ______________ or **17.** ______________

Stress has both a **18.** ______________ and **19.** ______________ effect on most people. Name one thing that can happen in the workplace if people can't handle their stress **20.** ____.

Stress and the Healthcare Workplace

Directions: Think of a stressful situation that happened to you on the floor. Tell the group what the situation was. Identify your stressors and what strategies you used to manage that stress.

- A situation at work that made me feel stressed:

- My thoughts and feelings when this happened:

- How I reacted to this:

- A situation at work that might make me feel stressed:

- How I will react to this stress . . . my relaxation technique and/or action:

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Overview

> **"You used to call me paranoid;**
>
> **...but even you cannot avoid PRESSURE!"**
>
> **Billy Joel**

To do your best work, you need a degree of stress to keep your adrenaline flowing so you'll stay alert and be on top of situations. You wouldn't want to eliminate **all** excitement with its accompanying stress, however, from either your life or your job.

Most people working in 'helping professions', such as law enforcement officers, caseworkers, counselors, doctors, nurses-- in fact, the entire healthcare team, including Nursing Assistants, are likely to experience stress in the workplace.

As a new Nursing Assistant, you need to understand that stress by itself is neither positive or negative. The key to dealing with stress is to develop strategies that help you adapt to, minimize, or eliminate those factors that cause you to respond unproductively.

Continued stress, allowed to advance unchecked, can result in:

- low morale
- poor productivity
- difficult relations with co-workers and residents
- tardiness
- absenteeism
- inadequate attention and concentration leading to low-quality resident care

It is the aim of this module to assist you as a new Nursing Assistant in the transition from certification training to the realities of the floor. The module will address job stressors and assist you in developing techniques to help you handle the workplace environment.

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What Is Your Stress Level?

Directions: Choose the most appropriate response to each statement by using the scale below. Place the number of your response before each statement.

1. **Never**
2. **Seldom**
3. **Very Often**
4. **Almost Always**

How often do you ....

______1. Find yourself with insufficient time to complete your assignment?

______2. Find yourself becoming confused and unable to think clearly because too many things are happening at once on the floor?

______3. Wish you had help to get everything done?

______4. Feel that the nurses and others around you expect too much from you?

______5. Feel overwhelmed by demands placed upon you?

______6. Find yourself worried about work during your leisure hours?

______7. Get depressed when you consider all the tasks that need your attention?

______8. See no end to the excessive demands placed upon you?

______9. Have to skip breaks or lunch so you can get your assignment completed?

_____ 10. Feel that you have too much responsibility for patient care?

_____ **TOTAL**

Scale:

10 - 18	**You have your job under control**
19 - 27	**You could use some job management techniques**
28 - 40	**You are approaching burnout, working out of control**

Consequences of Stress

Directions: Respond to the statements below by using the following scale:

1. **Almost Never**
2. **Seldom**
3. **Often**
4. **Almost Always**

____1. I get overexcited.
____2. I worry.
____3. I feel insecure.
____4. I have difficulty sleeping.
____5. I get confused.
____6. I am forgetful.
____7. I feel ill-at-ease.
____8. I am nervous.
____9. My stomach is upset.
____10. My heart pounds.
____11. I sweat profusely.
____12. My hands are moist.
____13. I feel lightheaded.
____14. I experience "cold chills."
____15. My face feels hot.
____16. My hands shake.
____17. I can't sit still.
____18. I develop twitches.
____19. My head aches.
____20. My neck feels stiff.
____21. I stammer when I speak.
____22. My arms and legs feel tense.
____ **TOTAL**

Scale:

22-44	**You are not experiencing stress at this time.**
45-66	**You are handling life pretty well.**
66-88	**You are approaching burnout.**

Seeking a Definition of Stress:

A sixty-year-old grandmother hears screams and cries from her grandchild, who was last seen playing in the backyard. She looks out the window to see that a large, heavy tree limb with branches has fallen across the child's legs. Suddenly, this five-foot tall, one-hundred pound woman dashes out the door. With super strength, she lifts the limb off the child effortlessly. In a normal situation, due to arthritis, she could barely lift a bag of groceries.

How did she do it? ***Where did she get the strength?***

Definitions:

Stress is the nonspecific, or neutral, response of the body to any demand made on it.

Stress is the perception of an event or the expectation of future discomfort that alerts the individual's mind, body, behavior, or emotions to take guard or action.

- ***Stressors*** are the events that cause stress.
- ***Stressors*** may be positive or negative.

Stress levels are related to how people respond. ***Response*** refers to the body's reaction to stress by calling on its ***defense mechanisms***. These mechanisms rise to combat what the body perceives as a threat. Two common ***responses*** are:

- ***Fight*** - aggressive behaviors
- ***Flight*** - passive behaviors

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Sources of Stress in the Workplace

- Feeling devalued when you think you are worth more money
- Inconsistency in directions given by other CNAs, Nurses, and Supervisors
- Residents' physical and verbal abuse
- Residents' difficult behaviors:
  - constantly calling out or yelling
  - false needs; demanding attention
- Getting a difficult assignment when you feel others have easier ones:
  - having too many difficult residents
  - having too many wanderers
  - having too many residents with demanding problems
- Required weekend work
- Several residents' lights on at the same time
- Feeling the stress of other staff
  - hurried directions
  - change in voice tone
- Smokers taking more and longer breaks than non-smokers
- Changes
- Some co-workers being burned out
- Some co-workers talking about the residents right in front of them
- Experienced staff not being trained by the same trainer and doing things differently
- Pointing out a problem to a supervisor and having it come back to you
- Unorganized workplace
- Attitudes of staff toward each other
- Attitudes of staff toward getting work done
- Indecision
- Conflict

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Controlling Your Own Stress: Using Positive Self-Talk

NEGATIVE SELF-TALK:	POSITIVE SELF-TALK:
"I'll never get finished."	"I'll take it one step at a time."
"I must get going-- I must hurry!"	"I'm working at my own best pace."
"If I miss this, I'm in trouble."	"Mistakes happen. Let the future take care of itself."
"What's the best way to proceed? A mistake may cost me too much time to get finished."	"I deserve support. If I don't know the answer, I will ask for help."
"Why am I so anxious? I hate feeling like this!"	"Some tension is inevitable, but I don't have to worry about it."
"'So and so' could do this job much better than me."	"I really do have confidence in my basic ability. What else matters?"
"What will people think if I fall behind? No one will say anything, but I just know what they will think!"	"I'm doing my best and I'm not going to anticipate problems."
"I didn't screw up today, but I'm worried about tomorrow.	"I did a good job today. I take pleasure in that!"
"I only just managed to keep my cool today. If that situation happens again, I know I'll lose it."	"I handled the stress well. I'm proud of myself!"

Directions: On the lines below, write examples of "negative" and "positive" self-talk that you've used on the floor:

NEGATIVE:

POSITIVE:

Controlling Your Own Stress: Deep Breathing

Deep breathing is a key to ***stress management***. The following is an exercise in deep breathing:

1. Use a quiet place where you can be alone.
2. Sit with your back straight in a comfortable chair. If possible, be on your back with a small pillow under your head.
3. Place one hand over your abdomen.
4. Shut your eyes and keep them closed.
5. Breathe easily and naturally through your nose. Concentrate on " filling your stomach" with air. Feel your abdomen rise and fall with your hand.
6. Breathe evenly without pausing between inhalation and exhalation.
7. After a few minutes of stable, even breathing, slowly change the rhythm. Use a 2:1 ratio—take twice as long to exhale as you do to inhale.
8. Freeing the mind of distractions can be accomplished by making a "Hmmm" sound each time you exhale.
9. Let yourself go limp. Imagine each breath is carrying away the tightness in your muscles.
10. Continue until you feel ten to fifteen minutes have passed.
11. Gradually open your eyes.
12. Remain quiet for another minute or two before resuming your activities.

(This breathing exercise should be practiced daily until mastered. It can then be used as needed to maintain proper breathing. It can lead to efficient, natural breathing, which will help regulate emotional stress. In addition, it may be modified to accommodate any " time out" space that you may find on the unit floor or at home.)

More Ideas for Workplace Stress Reduction

- Take an emotional 'time-out'.
- Take a physical 'time-out'.
- Count to ten.
- Do a quick breathing exercise.
- Use modified physical exercise.
- Use positive self-talk: "I can . . .", "I will . . ."
- Take 'baby steps'.
- Praise yourself for small successes.
- Ask yourself, "What's the worst that could happen?"
- Seek a supportive listener.
- Be flexible for changing priorities.
- Enhance your communication skills.

- It's always beneficial to find an experienced CNA or other experienced staff member who might act as a *'Magical Mentor'* for Nursing Assistant Trainees!

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Case Scenarios

HANDLING THE STRESS OF THE FLOOR

Featuring . . .

Posey Hoyer-Lift and George Gait-Belt III
Nursing Assistant Trainees (NATs)

and

The Magical Mentor for
Nursing Assistant Trainees

Posey Hoyer-Lift and ***George Gait-Belt III***, are fictional characters who are beginning their Nursing Assistant training. Posey and George will be observers to events and interactions on the floor, as well as actors involved in scenes from the workplace. In addition, you will also meet the *Magical Mentor*.

The ***Magical Mentor*** serves to assist and support George and Posey throughout their training. The *Magical Mentor* initiates dialogue, provides feedback, and generally provides insight and a supportive role as a coach to the NATs.

Time to move ahead with Posey and George and their *Magical Mentor*......

Case Scenarios (continued)

Directions: Refer to dialogue between Posey and George at the completion of this activity for discussion.

SCENARIO #1:

Posey was very excited about her first day on the floor. She was disappointed, however, that George was assigned to another floor. She hoped that they could help each other out since they were both new. Just as she was thinking this, a nurse told Posey, "Answer the call bell for Resident D in 318--and you will need a Texas catheter." The nurse also told Posey that when she finished in 318, Resident X in 320 needed a colostomy exam.

Posey felt overwhelmed. She couldn't recall whether she had seen a colostomy exam in training or knew what to do. For sure, she felt uncomfortable about doing a catheter!

Posey explained her insecurity to the nurse. Although the nurse was sympathetic, she didn't look happy. She called an experienced CNA and told Posey to observe and learn as quickly as she could. The experienced CNA expressed less sympathy for Posey's nervousness. She reminded Posey that she was now doing extra work and her schedule would be screwed up for the rest of the morning. Posey felt so frustrated that she went into the bathroom and cried.

SCENARIO #2:

George was excited that he was finally on the floor and eager to participate in floor activities. He was happy that he and his experienced CNA mentor, Buddy, would be making rounds together. While George was assisting Buddy with a lift for Resident G, he was aware that the way he was taught to lift patients in training and the way Buddy was lifting, were different. When he questioned Buddy regarding the procedure that had taken place, Buddy said, "George, in the real world we don't do it that way-- there's not enough time, take my word for it." George was both confused and anxious. He decided that he would discuss it with his training coordinator later. Then the thought struck him that he might get Buddy in trouble and he didn't want to do that. George then thought he might not have understood the procedure correctly. George became so preoccupied with his conflicting thoughts and how to handle them that he lost enthusiasm and his attention wandered for the rest of the morning.

SCENARIO #3:

Posey returned to the floor after crying in the bathroom and decided to move on as best she could. She had three more residents to get ready for breakfast. Two were pretty routine and under the guidance of her experienced co-worker. Posey was beginning to feel better. As they were moving to prepare the third resident, the charge nurse told Posey's co-worker that she had a phone call.

Posey's partner had to leave immediately because her daughter was ill, and she had to pick her up from school.

Posey asked the nurse who was going to help her. "Nobody," responded the nurse. "You can see that we're short staffed and you should be able to handle it." Posey was nervous and went into the last resident's room for breakfast preparation. "Oh no," said Posey, as she noticed the strong smell of diarrhea. A quick examination indicated that the resident should be showered. But, two were needed to assist this resident in the shower. Where, wondered Posey, would she find someone to help? Not the CNA that I had to bother this morning, thought Posey, that's for sure. I have already given her extra work.

The intercom came on and the nurse told Posey that when she finished, "go to 313 quickly to assist with a transport". "They didn't teach me all this in class," moaned Posey, whose head began to throb. Posey decided not to give the resident a shower and cleaned her up as best she could and brought her to the dining room.

Posey ran as fast as she could to room 313 to assist with the transport. She knew she was late and, "Not again," thought Posey as the CNA waiting for her was the one called to do her tasks in the morning. She must think I can't do anything right, thought Posey, getting even more nervous. The CNA looked at Posey, threw out some negative body language, and mumbled something about never finishing her day. There was an uncomfortable silence as they transported the resident. Posey didn't know what to say. Should she apologize? Should she try to explain? Should she offer to do something to help the CNA? . . . should, should, should, thought Posey. "Shouldn't someone do something for me?" "What can I do for myself?" She fought back tears again and FINALLY IT WAS BREAKTIME!

DIALOGUE & DISCUSSION:

Posey seriously considered two possibilities: one was to quit training; the second was to have a cigarette, even though she stopped smoking five years ago. She brightened up when she saw George heading for her table. Her cheerful mood faded quickly, however, when George banged his tray down on the table.

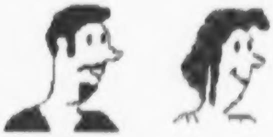
"Bad day, George?"

"Posey, I'm so frustrated. There are so many different things going on in the unit. So much is different from what I thought we learned. I'm afraid to say anything because I don't want everyone mad at me. At this point, I'm not sure about who or what is right or wrong, or maybe I got it all wrong. I don't know what I'm supposed to do."

"I know how you feel, George," said Posey, and she filled him in on her morning.

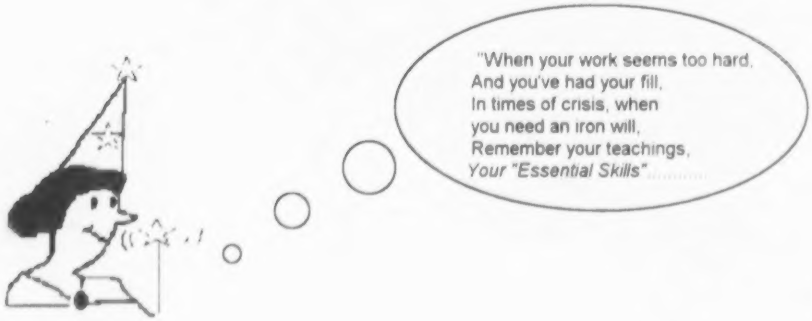
"I feel a mixture of frustration, confusion, and anger," said George.

"Ditto," said Posey.



George and Posey said no more, each wrapped up in their private thoughts--just staring into their coffee cups, when, SUDDENLY, the *CNA Magical Mentor for NATs* appeared!

Directions: Break into small groups and pretend you are the *CNA Magical Mentors for NATs*. Write down what advice you would give to George and Posey concerning each scenario. Be specific concerning techniques to manage stress. Be prepared to discuss, as a large group, the communication interaction in all scenarios.


"When your work seems too hard,
And you've had your fill,
In times of crisis, when
you need an iron will,
Remember your teachings,
Your "Essential Skills"..........

Learner Post-Assessment

A. *Directions:* Fill in True or False (T/F) on the blank line opposite the question.

Stress is an emotional response to an event. **1.** ____________________

Stress levels are related to the number of stressors that people experience. **2.** ____________________

Stressors may be positive or negative. **3.** ____________________

A sign of stress is to lose oxygen. **4.** ____________________

Members of helping professions experience increased stress. **5.** ____________________

An example of aggressive behavior is to 'take flight'. **6.** ____________________

A source of strength in stressful situations is increased adrenaline in the body. **7.** ____________________

In stressful situations, sugar in the body increases. **8.** ____________________

Stressors are events that cause stress. **9.** ____________________

Positive self-talk is not a good stress reduction technique. **10.** ____________________

B. *Directions:* Fill in the blanks with the correct answer(s):

Two examples of personal stress management techniques are **11.** ______________ and **12.** ______________. Two specific stress reduction techniques that you can use in the workplace are **13.** ______________ and **14.** ______________. Stress is a **15.** ______________ of the body. Two "defense mechanisms" for dealing with stress are **16.** ______________ or **17.** ______________. Stress has both a **18.** ______________ and **19.** ______________ effect on most people. Name one thing that can happen in the workplace if people can't handle their stress **20.** ______________________________.

Summary and Closure

Directions: Write your thoughts in response to the questions below. Then pair up with another person and share your thoughts with your partner. When you are done, put this page in your Personal Learner's Portfolio.

- What did you learn?

- How can you apply it on the job?

- What can you do to continue learning what you worked on in this module?

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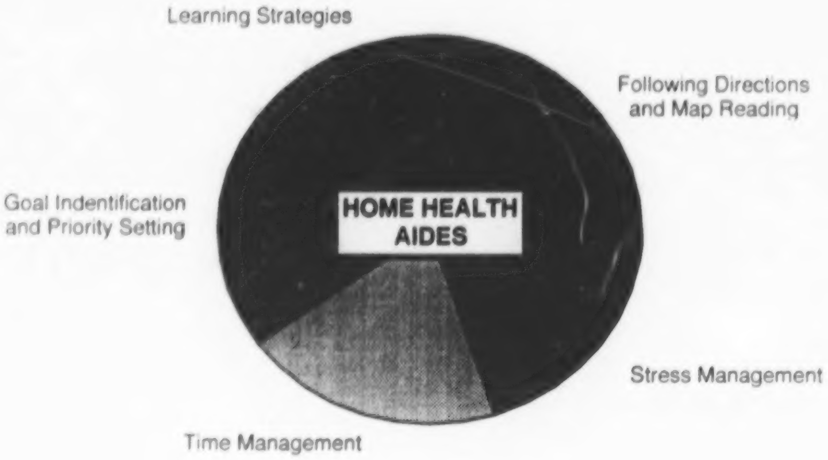
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Following Directions and Map Reading
Goal Indentification and Priority Setting
HOME HEALTH AIDES
Stress Management
Time Management

GENERAL TRAINING OVERVIEW

ESSENTIAL SKILLS FOR THE CARE TEAM
HOME HEALTH AIDE PROGRAM

GENERAL TRAINING OVERVIEW
- Using this Curriculum -

OVERVIEW

This curriculum was designed for newly hired Home Health Aides at The Eddy, a member of Northeast Health, headquartered in Troy, New York. Although the material is contextualized for a specific organization, it is generic enough to be easily adapted to any Home Health Aide training program.

In New York State, new hires must go through seventy-five hours of state approved clinical training in order to become certified Home Health Aides. The Professional Development Program, Rockefeller College, University at Albany, conducted focus groups with various staff responsible for orienting and training newly hired Aides. It was determined that the main goal of the program was to reduce attrition rates of new hires who were finding it difficult to complete clinical training.

It was also determined that Home Health Aides need essential skills that are not clinical in nature, but vital to their ability to provide quality care to their clients. Home Health Aides are very independent once they are certified and working in the field. Home Health Aides are responsible for:

- their own transportation,
- arriving on time and being prepared at each of their clients' homes,
- interpreting care plans while choosing between competing priorities, and
- working calmly and efficiently in an environment where people are often in distress.

These responsibilities require skills that are not enhanced in the seventy five hours of clinical training. These skills include being able to:

- identify goals and set priorities,
- manage time,
- follow directions and read and understand maps, and
- manage stress.

PROGRAM DESCRIPTION

Because Home Health Aides are so transient once they are working in the field, it is a challenge to gather them together for group training. Therefore, this curriculum is designed as four separate one-hour self-instructional modules that build upon the introductory three-hour *Learning Strategies* training module. The four self-instructional modules are designed to be completed independent of an instructor, but can, however, be easily adapted to trainer-led group instruction.

The modules in this curriculum and recommended sequence are as follows:

ESSENTIAL SKILLS FOR THE CARE TEAM **- Home Health Aide Program**

Module	Title	Hours	Methodology
1	**Learning Strategies** for Home Health Aide and Nursing Assistant Training	3	Video-Supported
2	**Goal Identification and Priority Setting**	1	Self-Instructional
3	**Time Management**	1	Self-Instructional
4	**Following Directions and Map Reading**	1	Self-Instructional
5	**Stress Management**	1	Self-Instructional
	Total Home Health Aide Program =	7	

MODULE DESCRIPTIONS

Module 1 - ***Learning Strategies***, is designed to improve competence in the workplace areas of reading, writing, listening, speaking, observation, critical thinking, teamwork, and learning strategies. This three-hour module is supported by a seventy-minute videotape and should be delivered at the beginning of the seventy five-hour state mandated clinical training to help new hires complete their studies and prepare for the state certification exam.

Module 2 - ***Goal Identification and Priority Setting***, is designed to enhance organizational skills by providing practice in identifying realistic goals and setting priorities for clients, work, and personal life. Home Health Aides need to be able to rank, group, and categorize tasks regularly.

Module 3 - ***Time Management***, is designed to build upon organizational skills by providing practice in planning time for efficient use both on the job and at home. Aides are assigned many duties on a client's Care Plan and have a limited period of time to complete all tasks. Managing time is a major necessity for a Home Health Aide.

Module 4 - ***Following Directions and Map Reading***, is designed to help Aides develop strategies to understand and follow both oral and written directions so they can locate their clients' homes with a minimum of difficulty and stress. Since practice reading and understanding maps is emphasized, it is highly recommended that participants be provided an area map or atlas with this module.

Module 5 - ***Stress Management***, is designed to help Aides develop strategies to identify their stressors and related symptoms and to control stress in their work and personal lives. Working efficiently, effectively, and cheerfully while tending to those requiring various levels of care can be stressful. Home Health Aides have the added pressures of having to go from place to place each day, and complete competing tasks within prescribed timeframes.

ELEMENTS OF THE CURRICULUM

All four self-instructional modules follow the same format. Descriptions of individual pages that are common to all modules follow. Ideas for adapting the curriculum to teacher-led group instruction are also offered as *TRAINER NOTES.*

Rationale and Goal, Learning Objectives, and Competencies - This page introduces the aim and desired outcomes of each module.

- *TRAINER NOTE:* There are two suggestions for introducing each module:

  Option I - Copy the page to a transparency for use on an overhead and then lead a group discussion asking participants to contribute ideas to each category.

  Option II - Lead a group discussion covering the *Rationale and Goal* for the module and then record the *Learning Objectives* and *Competencies* on newsprint.

Personal Contract - This page allows each participant time to gather themselves and focus prior to beginning work. The completed page should differ per participant.

- *TRAINER NOTE:* Give participants plenty of time to complete this page. Once completed, you may ask for volunteers to share responses with the larger group.

Learner Pre-Assessment**, **Post-Assessment, and ***Answer Key*** - These pages allow participants to clearly see the knowledge and skills they have gained from each module. If participants see no gain, they may need to go through the module again or seek help from a partner or instructor.

- *TRAINER NOTE:* The assessment in each module contains ten questions. A simple scoring system based on 100% could be applied by awarding 10 points for each correct answer. Pre- and post-scores could then be compared to determine a gain or loss.

- *TRAINER NOTE:* The learner assessments are designed to enhance test-taking strategies covered in the introductory *Learning Strategies* module. The True/False assessment offers practice in analytical thinking, the cloze reading passages require competency in reading comprehension, and the matching draws upon skills in critical thinking, categorizing, and word/symbol analysis. These provide practice and build upon the competencies that are listed on the first page of each module. The trainer should refer back to *Learning Strategies* if participants need more test-taking review.

Summary and Closure - This page allows participants to refocus at the end of the module to see how they might apply new skills and knowledge acquired.

- *TRAINER NOTE:* If delivering the curriculum in a teacher-led group setting, the trainer may ask for volunteers to share their responses with the larger group. The trainer may want to revisit the *Rationale and Goal, Learning Objectives, and Competencies* page at this time to see if all elements were met in training.

PROGRAM MATERIALS & INCENTIVES

Personal Learner Portfolios are recommended for use with the Home Health Aide curriculum. These can be simple two-pocket folders that hold trainees' paperwork. The purpose of the portfolio is to keep training materials organized and to store participant work for later review with an instructor if necessary.

- *TRAINER NOTE:* You may want to ask the participants to tear out specific pages as they complete modules and store them in their Personal Learner Portfolio for review and analysis at a later time. *Personal Contract*, *Pre- and Post-Assessments*, and *Summary and Closure* pages would provide a quick overview of what was learned for both trainer and participant.

- *TRAINER NOTE:* Trainers may want to assign dates for module completion and drop-off points for completed work. A sensible "portfolio drop-off point" might be the location where participants pick up their paychecks. Trainers may also want to coordinate "module completion dates" according to paycheck schedules.

Learner Aids recommended for distribution with the training modules include:

- small 'vest pocket' dictionaries
- highlighters, pens, pencils
- 'post-it' notepads or other writing paper
- magnets for *Post-Me* pages
- area maps or atlases

Graduation Ceremonies are always appreciated and highly recommended for celebrating successful completion of the program. A small cake and beverages might be provided by the organization and a company representative might say a few words and congratulate participants on the successful completion of their training. The following rewards could be distributed during the ceremony:

- company pins
- certificates of recognition
- company mugs or travel cups

In the absence of a graduation ceremony, it is highly recommended that some type of certificate be distributed upon completion of the program. This certificate should be signed by someone in a role of authority and respect.

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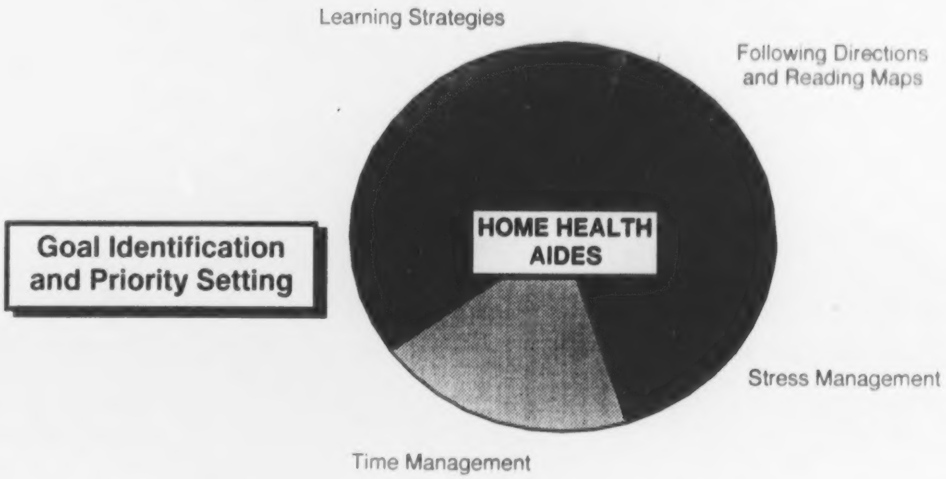
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Following Directions and Reading Maps
Goal Identification and Priority Setting
HOME HEALTH AIDES
Stress Management
Time Management

A SELF-INSTRUCTIONAL TRAINING MODULE

GOAL IDENTIFICATION AND PRIORITY SETTING

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

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GOAL IDENTIFICATION AND PRIORITY SETTING

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

Rationale and Goal

Home Health Aides need to perform multiple tasks on the job as well as at home. In order to efficiently and effectively complete tasks on their clients' care plans while still handling responsibilities at home, Aides need to be very well organized. For Home Health Aides to be well organized, they need to be able to identify realistic goals and set priorities for their clients, their work, and their personal life. Setting priorities involves thinking about goals and identifying tasks that lead to goal achievement. An Aide needs to be able to rank, group, and categorize tasks regularly. The aim of this module is to help Home Health Aides provide quality care to all of their clients by developing strategies to determine realistic goals and to prioritize tasks in order to achieve those goals.

Learning Objectives

Upon completing this module, participants will be able to:

- State client, work and personal goals
- Recognize the importance of prioritizing
- Analyze workplace and work-related tasks according to importance
- Rank tasks based on their importance in meeting stated goals
- Recognize when plans need revision and to revise them

Competencies

- Self-Directed Learning
- Reading Workplace Materials
- Critical and Analytical Thinking
- Decision Making
- Writing for Self and Others

Personal Contract

Directions: Complete this worksheet before you start the module.

My expectations for this training include

What I can contribute to this experience is

This will be an effective use of my time if I

Learner Pre-Assessment

***Directions:* Fill in the blanks below with the correct word.** *If you have a difficult time, don't worry-- you'll have an opportunity to take the same exact test (Learner Post-Assessment) again at the end of this module. That is where you'll find the Answer Key . . . but don't skip ahead and look now! First, complete this module and then see how much you improve!*

1. ______________________________ are results you intend to achieve. Goals need to be

2. __________________________ and attainable, so you won't get frustrated. They need

to be written down and 3. ________________________________ at often, so they won't be

4. _____________________________________. They also need to be flexible, so you can

5. ______________________________ them if conditions change. You need to think about

reaching your goals each 6. ________________________. You also need to list the small,

measurable 7. ____________________________ you think you need to achieve your goals.

These steps can be measured by the 8. __________________________ you complete or by

the 9. ____________________________ needed to complete them. These tasks then need

to be 10. _______________________________ in order of importance.

Overview

We all have different goals we wish to accomplish both at work and in our personal lives. ***Goals are results we intend to achieve***, so we need to direct our efforts in order to achieve them. For many people, it helps to think about work and personal goals, and then to develop smaller, measurable steps to help achieve those goals. First, we must decide on what these goals might be. Writing your thoughts down can help you stay on target.

- Write down your long-term goals.
- List the smaller, measurable steps you think you need to reach your goals.
- Think about achieving your goals each day.
- Check yourself against the smaller steps to see how you're doing.
- Ask yourself:
  Am I doing what I need to so that I can reach my goals?
  Are my goals appropriate?
  Do they need to be changed when other things in my life change?
- Be realistic. You cannot do everything overnight!

In order to reach your goals, you need to have a strategy:

- Set your priorities-- What are the important tasks that need to be completed and in what order?
- Look at all the choices that compete for your thoughts, energy, and time.
- Choose priorities that will help you develop measurable steps which, in turn, will help you reach your goals.

Review the following page *Effective Goals: A Memory Jogger* for help in determining meaningful goals. Tear out the page and post it where you'll review it regularly. Refrigerators or inside locker doors are good places!

POST ME

Effective Goals

A Memory Jogger

To increase the chances of attaining your goals, they need to be:

- ***specific and measurable***, so you'll know when you've achieved them.
- ***realistic and attainable***, so you won't get frustrated.
- ***worthwhile***, so you'll be motivated.
- ***consistent,*** so they mesh with those of the organization.
- ***written and looked at often***, so they won't be forgotten.
- ***deadlined***, so you'll take them seriously.
- ***flexible***, so you can change them if conditions change.

When goals are no longer attainable because conditions you cannot control change, your goals will need to be re-examined.

Goals

Directions: Write at least one goal for your work, for your clients, and for your life. An example of a *Work Goal* might be "to be recognized as an exemplary Home Health Aide"; for a *Client Goal*, "to help Mrs. B. to brush her teeth by herself"; for a *Life Goal*, "to open a savings account and save enough money for retirement." Try to look ahead six months or more for a *Life Goal*.

My Work Goal(s):

My Clients' Goal(s):

My Life Goal(s):

Steps to Help Meet Goals

Now think about and list some steps that can help you meet your goals. The steps can be measured by tasks completed or by time needed. For instance, if your work goal is to be recognized as an exemplary Home Health Aide, one of the first measurable steps would be to ask your supervisor for a sample of a rating form for your job. Review *Effective Goals: A Memory Jogger* again to help you.

WORK:	CLIENTS:	LIFE:

Answer the following questions as completely as you can:

1. How can stating your goals keep you on target?

2. Are your goals the same for each client? YES___ NO___
Why or why not?

Setting Priorities

Setting priorities means that you decide on the importance of tasks that can help you meet your goals by placing them in an orderly arrangement.

Directions: Review the groups of tasks below. Put each group in order by numbering each task according to importance (with #1 being the most important) based on your goals.

Example:
# 3 Wash your client's dishes.
# 1 Feed your client.
2 Call the client's nurse about changing her Care Plan.

___ Go to lunch.
___ Get to work on time.
___ Call your sister about the kids.

___ Go to the Laundromat.
___ Prepare your client's meal.
___ Talk to the client's neighbors about the yard.

___ Clean the catheter.
___ Tidy your client's room.
___ Call the therapist for an appointment for your client.

___ Call your son about the trash.
___ Check the Hoyer Lift.
___ Turn your client and position.
___ Assist with medication.
___ Massage client's feet to help with circulation.

___ Answer the telephone.
___ Feed your client's dog.
___ Help your client with the commode.

___ Call your client's doctor.
___ Help your client with the bedpan.
___ Wash your client's kitchen floor.

___ Shampoo your client's hair.
___ Help your client to the wheelchair.
___ Pet your client's cat.

___ Clean the bathroom.
___ Give your client special skin care.
___ Prepare your client's dinner.

___ Do range of motion exercises.
___ Check battery in smoke detector.
___ Assist client to toilet.
___ Answer the telephone.
___ Help client with writing a letter.

Grouping Priorities

Ms. Jones is an elderly woman who has just been released from the hospital after amputation of her right foot due to circulatory problems caused by diabetes. She is very depressed and needs to take medication for her depression, her amputation, and her diabetes--all at different times.

Her children and grandchildren cannot visit her regularly because they live a distance away, but they try to call her often. The neighbors are also aging. In fact, Ms. Jones and her neighbors have lived on the same block for almost 50 years and have become very close friends, but they, too, find it difficult to get out and cannot visit her very often.

Ms. Jones is not easy to work with; sometimes she gets very angry. When you arrive this day, you discover it's a very bad day for Ms. Jones. Additionally, the minute you walk in, her daughter calls. Then, the doctor comes in and stays for half an hour . . .

Directions:

Ms. Jones' visiting nurse checked off a large number of Care Plan tasks for the Home Health Aide to do when s/he arrives at 8 a.m. Ms. Jones' daughter also has a list of tasks that she thinks need to be done. The two lists are combined into the list on the following page, along with some other tasks based on the Aide's observation. Ms. Jones is upset about something and has decided not to talk this morning. Group the tasks on the next page according to the scenario above.

Grouping Priorities (continued)

1. ***Read over the list below and eliminate five tasks that you consider to be the LEAST important by crossing them out.***

2. ***Look over the remaining tasks and think about how they could be grouped. Number all "like" tasks you would do at the same time with the same number.***

_____ Give a complete bed bath.

_____ Write a note to the visiting nurse concerning Ms. Jones' reaction to some of her medication.

_____ Shampoo Ms. Jones' hair.

_____ Help Ms. Jones to the commode by helping her into her wheelchair.

_____ Ask Ms. Jones whether she's eaten that morning.

_____ Handle routine mouth care.

_____ Make out a shopping list for some new clothes for Ms. Jones.

_____ Try to arrange everything so you can leave a little early to get your car repaired, so you'll be able to drive to work the next day.

_____ Feed Ms. Jones.

_____ Talk to Ms. Jones about the problems your mother had with getting used to a wheelchair and walker.

_____ Ask Ms. Jones whether she has taken her medication.

_____ Talk to Ms. Jones' special grandson on the telephone.

_____ Help calm Ms. Jones so she can take her medication.

_____ Clean Ms. Jones' catheter.

_____ Make/change bed.

_____ Make it a point to talk to the neighbors to keep them up to date on Ms. Jones' condition.

_____ Clean Ms. Jones' fingernails and toenails.

Categorizing Priorities

Using the list of tasks for Ms. Jones from the previous page, think of what you MUST do that day, what you SHOULD do that day, and what you'd LIKE to do that day in order to complete your work responsibilities. Place these tasks in the appropriate column.

***MUST* DO**	***SHOULD* DO**	***LIKE* TO DO**

Please answer YES or NO:

1. Is this a helpful way to think of your job tasks? YES___ NO ___
2. Does this help you to make choices between competing priorities? YES ___ NO ___
3. Did you think to order tasks within the three categories above? YES ___ NO ___
4. Would this help a new Aide do his/her job more efficiently? YES ___ NO ___
5. Will *you* use this strategy? YES ___ NO ___

You may want to try this each day or week to help guide you through daily /weekly work and personal responsibilities while still being able to fill in the last column "LIKE TO DO"!

Review and tear out the next page *Setting Priorities: A Memory Jogger* and post it where you'll review it regularly.

POST ME

Setting Priorities

A Memory Jogger

- ***Think*** about your goals.
- ***Identify tasks*** that lead to goal achievement.
- ***Arrange tasks*** in order of importance.
- ***Group like tasks*** so you can complete them more quickly and efficiently.
- ***Categorize*** your tasks--what you MUST DO, what you SHOULD DO, what you would LIKE TO DO.
- ***Take action***--do your tasks as you ordered them.
- ***Re-do*** your priority list often--as you take care of things and as conditions change, so should your list.
- ***Use your judgment!*** Don't try to do everything at one time.

Learner Post-Assessment

***Directions**: Fill in the blanks below with the correct word. Then check your answers against the Answer Key on the following page.*

1. ______________________________ are results we intend to achieve. Goals need to be
2. ___________________________ and attainable, so you won't get frustrated. They need
to be written down and 3. ________________________________ at often, so they won't be
4. ______________________________________. They also need to be flexible, so you can
5. ______________________________ them if conditions change. You need to think about
reaching your goals each 6. _______________________. You also need to list the small,
measurable 7. ____________________________ you think you need to achieve your goals.
These steps can be measured by the 8. _________________________ you complete or by
the 9. ____________________________ needed to complete them. These tasks then need
to be 10. _______________________________ in order of importance.

Learner Assessment: Answer Key

1. Goals
2. realistic, possible, etc.
3. looked
4. forgotten, neglected, etc.
5. change, alter, etc.
6. day, week, etc.
7. steps
8. tasks, activities, etc.
9. time
10. arranged, ranked, placed, etc.

Now compare your "Learner Post-Assessment" with your "Learner Pre-Assessment" at the beginning of this module . . . did you improve?

Summary and Closure

Directions: *Write your thoughts in response to the questions below.*

What did you learn?

How can you apply it on the job?

What can you do to continue learning what you worked on in this module?

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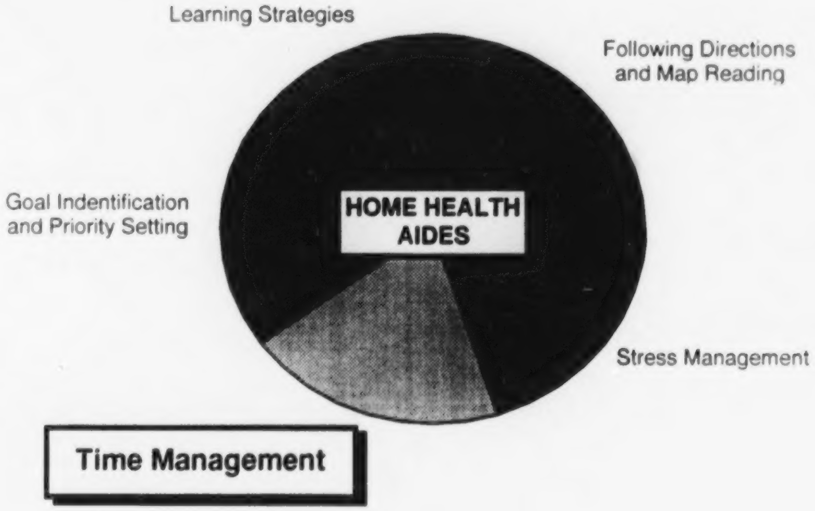
ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Following Directions and Map Reading
Goal Indentification and Priority Setting
HOME HEALTH AIDES
Stress Management
Time Management

A SELF-INSTRUCTIONAL TRAINING MODULE

TIME MANAGEMENT

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

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TIME MANAGEMENT

A SELF-INTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

Rationale and Goal

"Time flies when you're having fun" is a very common saying. Time is something that can't be called back; it passes when it passes. This means that people must make use of the time they have in the best way for them to attain their goals. Home Health Aides are assigned a great deal of work to do within a limited period of time. When the client's requests or demands are added into this mix, there doesn't seem to be enough time each day to complete all the duties assigned on the Care Plan. Managing time is a major necessity for Aides. The aim of this module is to help Home Health Aides learn to plan and use their time more efficiently both on the job and at home.

Learning Objectives

Upon completing this module, participants will be able to:

- Identify how one's time is used
- Use objectives and priorities to control time
- Schedule time in a useful way
- Identify and correct time wasters
- Identify and reduce procrastination and plan for change

Competencies

- Critical Thinking
- Reading/Using Workplace Materials
- Decision Making
- Self-Directed Learning
- Reading/Using Workplace Materials

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Personal Contract

***Directions**: Complete this worksheet before you start the module.*

My expectations for this training include

What I can contribute to this experience is

This will be an effective use of my time if I

Learner Pre-Assessment

Directions: ***Write a (T) if the statement is true, and an (F) if it is false.*** *If you have a difficult time, don't worry—you'll have an opportunity to take the same exact test (Learner Post-Assessment) again at the end of this module. That is where you'll find the Answer Key . . . but don't skip ahead and look now! First complete this module and then see how much you improve!*

_____ 1. Spending time deciding on goals and priorities is a time waster.

_____ 2. Time can be controlled by looking at goals and setting priorities.

_____ 3. People in home care don't really need to think about the way they spend their time.

_____ 4. Scheduling time only needs to be done by people who are very busy and important.

_____ 5. Home Health Aides can never complete all they have to do each day.

_____ 6. Blocking time doesn't help most Aides see how they spend their time.

_____ 7. Blocking time creates schedules.

_____ 8. Working without priorities is an example of a time waster.

_____ 9. Schedules are based on time estimates of various tasks.

_____ 10. The way Home Health Aides use time does not affect their job satisfaction.

Overview

"Time flies when you're having fun" is a very common saying.

Many of us don't seem to have enough time to do the things we need to do in order to meet our goals, or even to get through our days at times. This means that you must make use of the time you have in the best way in order to reach your goals. This module will have you look at controlling your time instead of *it* controlling you. Managing time and work and our personal lives is a challenge. Some important things to remember from the first module, *Goal Identification and Priority Setting*, are:

- decide on goals
- develop steps to help meet goals
- set priorities (what we *Must*, *Should*, and would *Like* to do)
- look at what time we *really* have to complete all our activities

Because work is a primary part of your life, it's important to your "sense of self" to do it well. As a Home Health Aide, you need to be ready to help others. This can be stressful when you don't feel as if you have enough time to handle all the tasks set out for you each day. Whether on the job or at home, if you're always running late or feeling rushed to get things done, you'll have more difficulty on the job and get less satisfaction from it. To take control of your time, your work, and your life, you need to:

- Be aware of how you already spend the time you have, so that you can see whether you need to make changes.
- Develop a daily, weekly, and/or monthly schedule, so you can see for yourself what time you have and how you use it.
- Use this schedule to monitor the activities and tasks that you complete each day. You'll see that you probably get more done than you think!

Blocking Time

Directions: In order to "see" and understand how you use your time each day, it is very helpful to "block out" time. Take a few minutes and think about how you spend the greatest amounts of your time (for example: work, meals, sleep) during an average 24-hour workday. Fill in the following chart. First, fill in your *fixed* blocks of time, such as work, because everything else will have to be scheduled around this. Next, fill in the *essentials*, such as eating, sleeping, and preparing meals.

5:00 **AM**		5:00 **PM**	
5:30		5:30	
6:00		6:00	
6:30		6:30	
7:00		7:00	
7:30		7:30	
8:00		8:00	
8:30		8:30	
9:00		9:00	
9:30		9:30	
10:00		10:00	
10:30		10:30	
11:00		11:00	
11:30		11:30	
12:00 **PM**		12:00 **AM**	
12:30		12:30	
1:00		1:00	
1:30		1:30	
2:00		2:00	
2:30		2:30	
3:00		3:00	
3:30		3:30	
4:00		4:00	
4:30		4:30	
5:00 **PM**		5:00 **AM**	

Blocking Time (continued)

Notice how much of your time is taken up on the chart just with *essentials*! Now that you can *see* how you spend so much of your time, you can *realistically* block out the remainder of your time, using the same chart on the previous page.

Directions: Now, block out the time you allot for errands, getting the kids to school or day care, etc. Finally, block out time for relaxation and fun. Don't forget this! It's important to have time for fun or everything else will suffer.

Now that you've completed the chart, are you surprised at how much or how little time you actually have? Do you see where you might be able to "save" some time, or to change some of the things you do? Now think about how you actually spend your time and list anything you would like to change:

-
-
-
-
-

On the following page is a chart that you can use to block out time for an entire week. You may want to use this as a model, so you will be able to schedule what you *must* do, what you *should* do, and what you would *like* to do--if you have time!

You might want to get a daily or weekly planner and use it to help you plan your time.

WEEK-AT-A-GLANCE

SAMPLE PLANNER

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5 AM							
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							

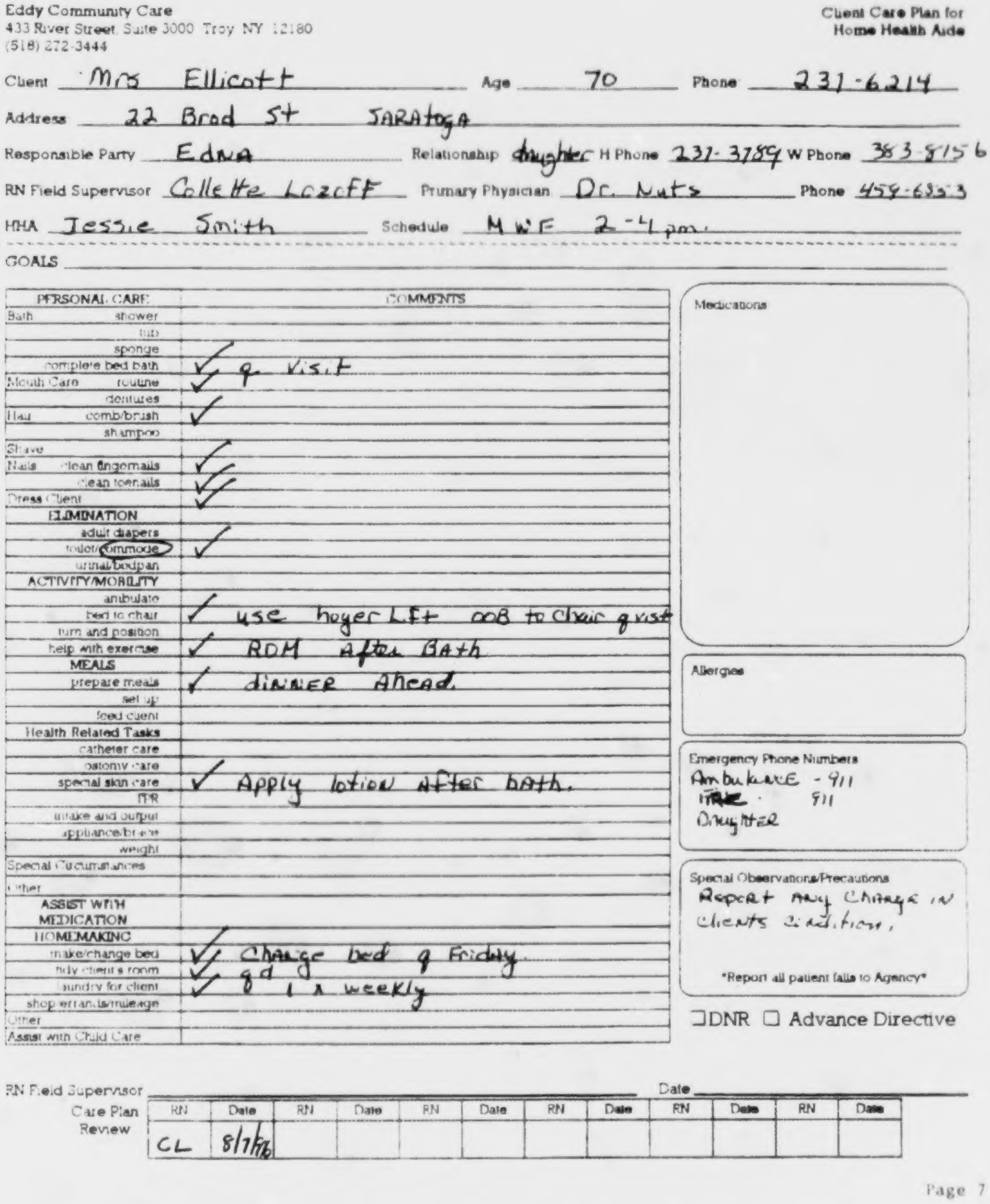
Blocking Time for the Care Plan

Directions: Blocking time should be done on the job as well. Look at the Care Plan for Mrs. Ellicott on the following page. She's a 70-year-old woman who returns home after a long stay in the hospital caused by a stroke that affected her left side. Today is Friday, and the bed linens need to be changed. Mrs. Ellicott has not made any special requests today. Block out a schedule to help you complete the checked-off tasks in 2 hours. Write your estimated time for each task or cluster of tasks.

TIME	TASKS	HOW LONG?
2:00 - 2:15 PM		
2:15 - 2:30 PM		
2:30 - 2:45 PM		
2:45 - 3:00 PM		

TIME	TASKS	HOW LONG?
3:00 - 3:15 PM		
3:15 - 3:30 PM		
3:30 - 3:45 PM		
3:45 - 4:00 PM		

Blocking Time for the Care Plan (continued)



Eddy Community Care
433 River Street, Suite 3000 Troy NY 12180
(518) 272-3444

Client Care Plan for
Home Health Aide

Client Mrs Ellicott Age 70 Phone 231-6214

Address 22 Brod St SARAtoga

Responsible Party EdNA Relationship daughter H Phone 231-3789 W Phone 383-8156

RN Field Supervisor Collette LozoFF Primary Physician Dr. Nuts Phone 459-6353

HHA Jessie Smith Schedule M W F 2-4 pm.

GOALS

PERSONAL CARE	COMMENTS
Bath shower	
tub	
sponge	
complete bed bath	✓ q visit
Mouth Care routine	✓
dentures	
Hair comb/brush	✓
shampoo	
Shave	✓
Nails clean fingernails	✓
clean toenails	✓
Dress Client	✓
ELIMINATION	
adult diapers	
toilet/[✓ commode]	✓
urinal/bedpan	
ACTIVITY/MOBILITY	
ambulate	
bed to chair	✓ use hoyer LFt OOB to chair q visit
turn and position	
help with exercise	✓ ROM After Bath
MEALS	
prepare meals	✓ dinner Ahead.
set up	
feed client	
Health Related Tasks	
catheter care	
ostomy care	
special skin care	✓ Apply lotion After bath.
TPR	
intake and output	
appliance/brace	
weight	
Special Circumstances	
Other	
ASSIST WITH MEDICATION	
HOMEMAKING	
make/change bed	✓ Change bed q Friday.
tidy client's room	✓ qd
laundry for client	✓ 1 x weekly
shop/errands/mileage	
Other	
Assist with Child Care	

Medications

Allergies

Emergency Phone Numbers
Ambulance - 911
FIRE 911
Daughter

Special Observations/Precautions
Report any change in clients condition.

Report all patient falls to Agency

☐DNR ☐ Advance Directive

RN Field Supervisor ______ Date ______

Care Plan Review

RN	Date	RN	Date	RN	Date	RN	Date	RN	Date	RN	Date
CL	8/7/96										

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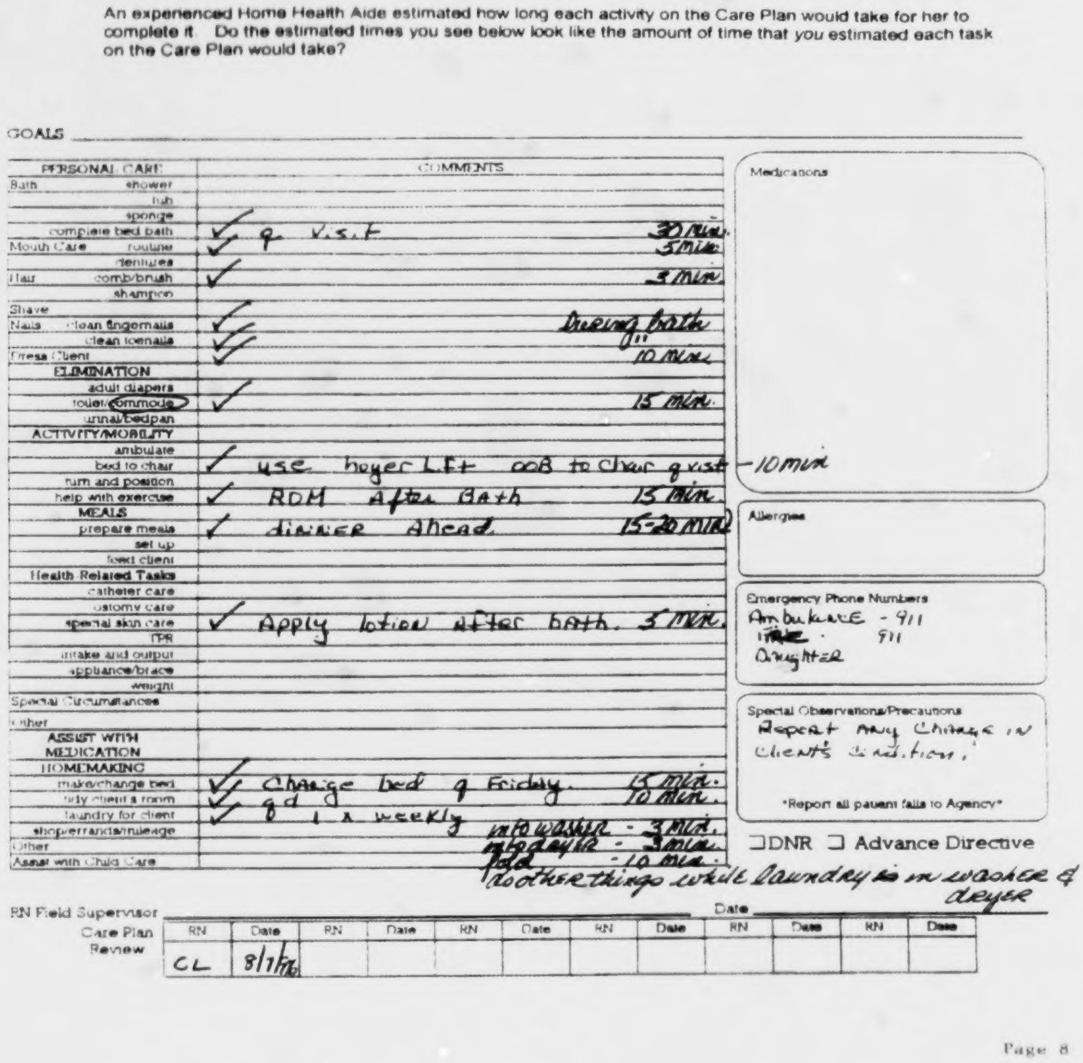
Blocking Time for the Care Plan (continued)

On the Client Care Plan below, an experienced Home Health Aide estimated how long each checked-off task would take to complete on Mrs. Ellicott's Care Plan and wrote the amount of time to the right of each task. Do the written time estimates below match the amount of time that *you* estimated on your two-hour schedule?



An experienced Home Health Aide estimated how long each activity on the Care Plan would take for her to complete it. Do the estimated times you see below look like the amount of time that *you* estimated each task on the Care Plan would take?

GOALS ____________________

PERSONAL CARE			COMMENTS	
Bath	shower			
	tub			
	sponge			
	complete bed bath	✓	q visit	30 min.
Mouth Care	routine	✓		5 min.
	dentures			
Hair	comb/brush	✓		3 min.
	shampoo			
Shave				
Nails	clean fingernails	✓		During bath
	clean toenails	✓		"
Dress Client		✓		10 min.
ELIMINATION				
	adult diapers			
	toilet/[✓ commode]	✓		15 min.
	urinal/bedpan			
ACTIVITY/MOBILITY				
	ambulate			
	bed to chair	✓	use hoyer Lft OOB to chair q visit	-10 min
	turn and position			
	help with exercise	✓	ROM After Bath	15 min.
MEALS				
	prepare meals	✓	dinner Ahead	15-20 min
	set up			
	feed client			
Health Related Tasks				
	catheter care			
	ostomy care			
	special skin care	✓	Apply lotion After bath.	5 min.
	TPR			
	intake and output			
	appliance/brace			
	weight			
Special Circumstances				
Other				
ASSIST WITH MEDICATION				
HOMEMAKING				
	make/change bed	✓	Change bed q Friday.	15 min.
	tidy client's room	✓	qd	10 min.
	laundry for client	✓	1 x weekly	
	shop/errands/mileage		into washer	- 3 min.
Other			into dryer	- 3 min.
Assist with Child Care			fold	- 10 min.

do other things while laundry is in washer & dryer

Medications

Allergies

Emergency Phone Numbers
Ambulance - 911
[illegible] · 911
Daughter

Special Observations/Precautions
Report any change in client's condition.

"Report all patient falls to Agency"

☐ DNR ☐ Advance Directive

RN Field Supervisor ____________________ Date ____________________

Care Plan Review

RN	Date	RN	Date	RN	Date	RN	Date	RN	Date	RN	Date
CL	8/7/[illegible]										

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Blocking Time for the Care Plan (continued)

Today, Mrs. Ellicott didn't ask you for anything special. Suppose, though, she requested that you do a complete bed bath with shampoo, and then fix her hair in a particular way because she expects company and wants to look especially nice. You do this for her and are just starting to get to your next group of tasks when Mrs. Ellicott's doctor arrives to see how she's doing. By the time he leaves, you only have an hour to do all your tasks.

List the tasks you will do today:

List the tasks you will *not* do today:

How did you make your choices?

To-Do Lists

It helps to make a daily "To-Do" list to help move you toward your goals. Pick the same time each day to make your list, if you can. First thing in the morning is a good time. It is important to make a list to suit your needs. Use *Must*, *Should*, and *Like* to sort out tasks. Check them off as you complete them. You'll feel good about your accomplishments. What you don't finish today, put on the list for tomorrow.

1. What do you **want** to do tomorrow? Take a minute and make a list. Try to put items in order of importance.

2. Identify what you ***must*** and ***should*** do. How long will it take to complete the activities? Does it leave time for what you *would like to do*?

MUST	**SHOULD**	**TIME**

3. What would you **like** to do?

*If you don't have time for one activity you would **like** to do today, go back and make some adjustments so you can.*

Sample List

Things To Do Today

Date ____________________

Completed?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

What will I do tomorrow?

◆

◆

◆

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Time Wasters

One of the biggest problems with achieving goals and getting through each day is wasting time. As a Home Health Aide, you know that you are busy from the time you greet your client until the minute you say good-bye. One of the things that will keep you from completing your job tasks, helping your clients, and feeling job satisfaction is wasting time. Listed below are some common factors that steal time away from you. Look at the list and you'll see that some of them are caused by things outside of your control (external), while some are created by you (internal). Notice, too, that many of them apply both to work and to your life outside of work.

Directions: First, *check-off time wasters that affect you.* (You may add others at the bottom.) Then, *choose your 5 biggest time wasters* and *number them 1 through 5* with #1 being what causes you the most loss of time.

___ Equipment problems, including your car
___ Wrong or incorrect decisions
___ Locating people you need (supervisor, nurse)
___ Unfinished or incorrectly done tasks
___ Inability to say "no"
___ Planning and scheduling problems
___ Personal disorganization
___ Socializing
___ Interruptions
___ Re-doing your work
___ Re-doing someone else's work
___ Starting work late or leaving work early

___ Making telephone calls
___ Getting telephone calls
___ Unclear instructions
___ Failure to listen
___ Not being kept informed
___ Unfinished tasks
___ Wrong or unclear priorities
___ Trying to do too much at once
___ Procrastination
___ Tension, stress
___ Starting work late or leaving

___ Others:

Time Wasters (continued)

In what ways do the time wasters you checked off on the previous page affect your job performance? Write your thoughts below:

Using your knowledge of setting priorities, blocking time, and wasting time, write below what kinds of changes you'd like to make to control your time and what techniques you'll use.

1. Choose one time waster you'd like to do something about:

2. What can you do?

Review and tear out the following page *Time Wasters: A Memory Jogger* and post it where you'll review it regularly!

POST ME

Time Wasters

A Memory Jogger

Avoid these time wasters when you can:

- Starting work late and leaving early
- Hearing without listening
- Re-doing work
- Allowing interruptions
- Trying to do everything at once
- Socializing
- Talking on the telephone to personal friends
- Following instructions you don't understand
- Working without priorities
- Starting tasks that you don't finish
- Putting things off
- Communicating poorly
- Giving incomplete information

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- Planning inadequately

Strategies for Controlling Time

Now that you have practiced blocking, estimating and managing your time in order to complete tasks on the Care Plan efficiently and effectively, think about applying these strategies to your work life and your personal life:

- ***List your goals and set your priorities so you can achieve your goals.***

    - List your goals and define each goal.
    - Decide on your priorities, using MUST, SHOULD, LIKE.
    - Place items in order within these groups.

- ***Make a daily "to do" list to help move you toward your goals.***

    - Pick the same time each day to make your list, if you can.
    - Make a list to suit your needs.
    - Use MUST, SHOULD, and LIKE to sort out tasks.

- ***Start with MUSTs, not LIKEs.***

    - Start work with an activity related to a MUST priority—it'll help you avoid crises.
    - Avoid the tendency to do easier tasks first.

- ***Ask yourself throughout the day: What is the best use of my time now?***

    - This is especially important when you've been interrupted by a visitor or phone call or have been distracted.

- ***Recognize your own time wasters and act on them.***

- ***Do it now!***

    - Don't procrastinate.
    - Don't let fear of failing or doing the wrong thing get in your way.
    - Don't forget that your supervisor is only a phone call away.

Learner Post-Assessment

Directions: ***Write a (T) if the statement is true, and an (F) if it is false. Then check your answer against the Answer Key on the following page.***

_____ 1. Spending time deciding on goals and priorities is a time waster.

_____ 2. Time can be controlled by looking at goals and setting priorities.

_____ 3. People in home care don't really need to think about the way they spend their time.

_____4. Scheduling time only needs to be done by people who are very busy and important

_____ 5. Home Health Aides can never complete all they have to do each day.

_____ 6. Blocking time doesn't help most Aides see how they spend their time.

_____ 7. Blocking time creates schedules.

_____ 8. Working without priorities is an example of a time waster

_____ 9. Schedules are based on time estimates of various tasks.

_____ 10. The way Home Health Aides use time does not affect their job satisfaction

Learner Assessment: Answer Key

1. F
2. T
3. F
4. F
5. F
6. F
7. T
8. T
9. T
10. F

Now compare your "Learner Post-Assessment" with your "Learner Pre-Assessment" at the beginning of this module . . . did you improve?

Summary and Closure

Directions: *Write your thoughts in response to the questions below.*

What did you learn?

How can you apply it on the job?

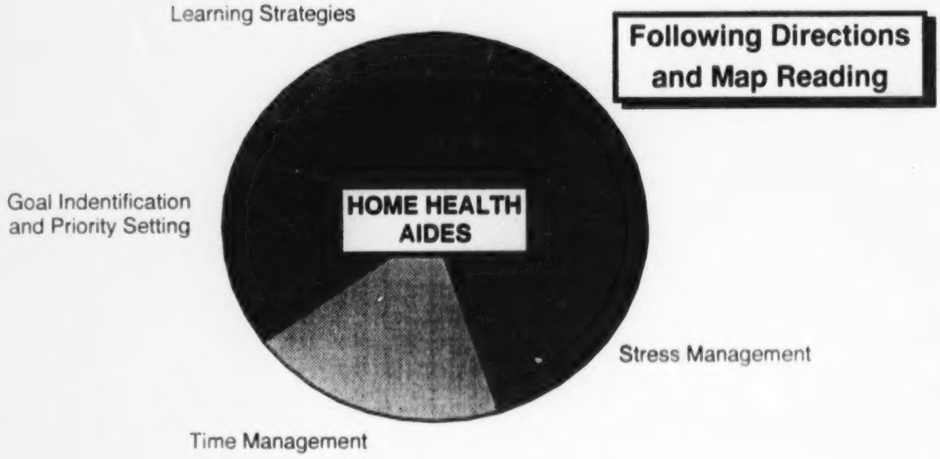
What can you do to continue learning what you worked on in this module?

The Eddy
A MEMBER OF NORTHEAST HEALTH

UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care



A SELF-INSTRUCTIONAL TRAINING MODULE

FOLLOWING DIRECTIONS AND MAP READING

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

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FOLLOWING DIRECTIONS AND MAP READING

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

Rationale and Goal

For Home Health Aides, being able to understand and follow directions to get to their clients' homes is vital to providing quality care. The stress the Aide feels while s/he is searching for a client's home can become overwhelming. Home Health Aides most often are given directions to their clients' homes over the telephone. Usually, the directions are gathered from the client, the client's family, or a primary nurse. Therefore, these directions may not be accurate, complete, or clear. What can Aides do to assure they get the most accurate information possible when they are being given directions? The aim of this module is to help Home Health Aides provide quality care to all of their clients by developing strategies to understand and follow both oral and written directions so they can locate their clients' homes with a minimum of difficulty and stress. Practice reading and understanding maps is also stressed in this module.

Learning Objectives

Upon completing this module, participants will be able to:

- Ask appropriate questions to get the information they need
- Draw written directions
- Write out directions
- Read and understand maps
- Apply strategies to understand directions

Competencies

- Active Listening
- Questioning
- Critical Thinking
- Problem Solving
- Map Reading

Personal Contract

Directions: *Complete this worksheet before you start the module.*

My expectations for this training include

What I can contribute to this experience is

This will be an effective use of my time if I

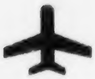
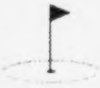
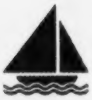
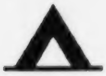
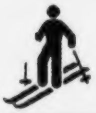
Learner Pre-Assessment

***Directions**: In both Part A and Part B, draw a line connecting the words or symbols on the left with their matching descriptions on the right.* *If you have a difficult time, don't worry- you'll have an opportunity to take the same exact test again (Learner Post-Assessment) at the end of this module. That is where you'll find the Answer Key . . . but don't skip ahead and look now! First, complete this module and then see how much you improve!*

Part A - Map Vocabulary:

SCALE	• a book of maps
LEGEND	• a network of horizontal and perpendicular lines for locating points on a map
LANDMARK	• an explanatory list of the symbols on a map
ATLAS	• a divided line indicating the length used to represent a larger unit of measure
GRID	• an object that marks a course or boundary or serves as a guide

Part B - Map Symbols:

	• ski area
	• boat launch
	• campground
	• airport
	• golf course

Overview

For Home Health Aides, being able to understand and follow both oral and written directions quickly and efficiently is important to the health and well-being of clients in their care. An Aide can have anywhere from two to six clients on average to see in one day with travel time between each. If an Aide gets lost on the way to a client, s/he must find a pay phone and call no more than ten minutes beyond the time s/he is due to arrive. Therefore, a Home Health Aide must be extremely well prepared and skillful at following directions.

Following directions has a lot to do with communication skills, including listening and questioning. It is important for Aides to realize that listening for information is essential to following directions. Listening is a learned skill that requires energy and discipline. It is different from just "hearing" . . . it is active rather than passive. But, listening isn't the only skill an Aide needs in order to understand and follow directions. Sometimes directions are unclear, unfamiliar, or incomplete. Aides must be able to ask appropriate questions to get clarification. For example:

- How will I know if I've gone too far?
- Is there a landmark to tell me if I'm going the right way?
- Is the route north-south or east-west?
- Is there a wheelchair ramp in the front of the house?

It is also helpful if you can draw or write directions that you hear. Still, it is not always enough to have clear information. Some stressful "pitfalls" can occur on the road including making a wrong turn, not reading a map correctly, or having car trouble. In these cases, you need to use some problem-solving techniques such as:

- having quarters and phone numbers for telephone calls
- finding appropriate people to question
- having paper and pencils for writing down directions
- comparing written or drawn directions with a map

Being able to read and understand maps and the vocabulary and symbols associated with them can be the most effective strategy an Aide can use in finding a client's home. Many people are afraid to look at maps because maps sometimes look overwhelming or confusing. This module will give you the opportunity to experience map vocabulary, symbols, and layout without the stress usually associated with being lost.

Above all, remember that the ability to remain calm and focused is the real key to following directions!

How Well Can You Follow Directions?

Self-Assessment #1

Directions: *Carefully read and follow the directions below. See how long it takes you to complete it. Time yourself if you wish. You can check your work on the next page, but don't skip ahead until you have finished.*

1. Work as quickly as you can.
2. Read everything before you do anything.
3. Write your name in the upper right-hand corner of this paper.
4. Write your social security number twice, along the bottom of the paper.
5. In the left-hand margin, draw four circles.
6. Put an "X" in three of the circles.
7. Put your middle initial in the other circle.
8. Multiply 3.35 x 8 in the right-hand margin.
9. Underline the word "margin" in number 5.
10. When you reach this point, stand up and call out your name. Then sit down and continue.
11. At the top of this paper, add 104 and 111.
12. Circle the answer to question 11 and underline the answer to number 8.
13. If you think you have carefully followed directions, call out loudly "I have!"
14. In your normal speaking voice, count from 1 to 10 backwards.
15. Call out "I am very good at following directions."
16. Draw a line through this sentence, and, using a pen or pencil, put a hole in the paper at the end of the sentence.
17. Circle the word "the" in four different sentences.
18. Underline the word "anything" in number 2.
19. Add the answers to the questions 8 and 11.
20. Add up the numbers in your social security number. Write your answer in the lower left hand corner.
21. Underline the word "before" in number 2.
22. Now that you have finished reading carefully, complete only sentence three.

How Well Can You Follow Directions? (continued)

Answer: *So, how did you do? Did you work quickly trying to complete all twenty-two sentences? Did you time yourself? Well, If you followed the directions on the previous page carefully, all you should have done was written your name in the upper right-hand corner of the paper! You see,* ***sentence #2 says to read everything before you do anything!*** *Therefore, you should have read all the way to the bottom where you'd see that sentence #22 tells you to* ***only complete sentence #3 . . . write your name in the upper right hand corner of this paper!*** *So what have you learned? . . .*

Lesson #1:
Read through all written directions before acting. Don't rush when it comes to following directions, even if you are in a hurry. Be calm and read over everything—then ask questions.

Self-Assessment #2

Directions: *Carefully read the sentence below:*

FINISHED FILES ARE THE RESULT OF YEARS OF SCIENTIFIC STUDY COMBINED WITH THE EXPERIENCE OF YEARS.

Now, count aloud the Fs in that sentence. Count them ONLY ONCE; do not go back and count them again. When you are done counting, see the answer below.

Answer: *There are* ***six Fs*** *in the sentence above. How did you do? Many people forget to count the F in the word OF. We tend to see and hear it as a "V" instead of an "F". So, what have you learned? . . .*

Lesson #2:
Reread written directions several times. Don't quickly skim over them even if you're in a hurry. It is very easy to misread directions on the first run through. If someone has given you directions orally, it is always good to read or repeat them back to the person for accuracy.

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Creating a Picture

Self-Assessment #3

Directions: *One strategy for following directions is to make a picture or draw a diagram. Slowly read the following sets of directions once, drawing a "picture" in the space below as you read. When you've finished, compare the drawings you created with the ones on the following page.*

Example A

Draw a circle. Make a triangle in the middle of the circle. From the left side of the triangle, draw a line to the left, going outside the circle. Make a left turn and draw a line downward about a half an inch. At the end of the line, write the capital letter G.

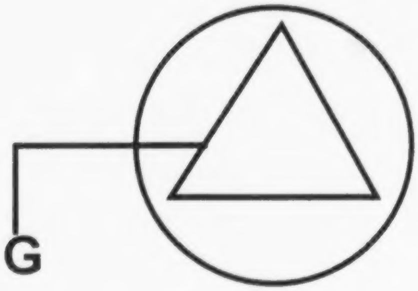
Example B

Draw a square. Make another smaller square in the top left corner of the larger one. Make a circle in the bottom right corner of the larger square. Connect the smaller square and the circle without going through the larger square.

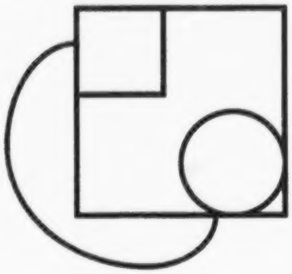
Creating a Picture (continued)

How did you do? Was it difficult to read through the directions only once? Did you draw anything different from the pictures shown below? Could the directions have been any clearer? Did the directions need more details? Would you have liked to be able to ask for more details?

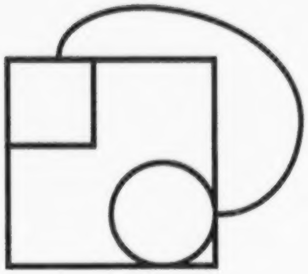
Example A:



Example B:



or



Problems Getting Where You're Going?

***Directions**: Now think about your **mentoring experience** and answer the questions below.*

Circle one answer to each of the following:

1. How did you find the location you were assigned to?
   a. I already knew where it was.
   b. I asked someone I know and trust.
   c. I used a map.
   d. I asked an official of some sort (policeman, mailman, etc.).
   e. I got lost before I asked for help.

2. Was it a "hard-to-find" location?
   a. No, it was very easy.
   b. Well, it wasn't too hard.
   c. It took me forever to figure it out!
   d. I never did find the place!

Write a very short answer to the following questions:

3. Is there anything you could have done to make it easier than it was?

4. What information do you think would have been helpful that you didn't have?

5. Using a map, find the location of your mentoring experience.
   Was finding the location on the map hard to do? ___ YES ___ NO
   If yes, why?

6. Was reading the map difficult for you? ___ YES ___ NO
   If yes, what do you think could help you?

Drawing a Map

Directions: *Ask someone to read aloud or tell you directions from one place to another while you draw a map or write the directions down on the back side of this page. The directions should be based on relatively familiar territory, for example, from where you live to where you work. Ask the other person to draw or write down the SAME DIRECTIONS as you. Once both of you have finished, compare your "maps" or written directions with each other.*

1. Does your drawing of a map or your written directions match exactly with the other person's drawing or writing? ___ YES ___ NO

2. How do they differ?

3. Did you learn anything from comparing with another person? ___ YES ___ NO

4. Write down any new strategies you learned below:

It's always good to compare strategies with a partner when it comes to following oral directions. Take the time to discuss different approaches. You may both learn something!

Reading and Understanding Maps

Although creating pictures, drawing maps, and writing down directions is useful to many, reading and understanding maps can be the most effective skill of all to apply when following directions. As a Home Health Aide, you are responsible for figuring out how to get from one client's home to the next, and to the next, and so on. Therefore, you have to sit and plan these routes ahead of time. If you have the time, it is calming to drive these routes before your actual workday begins. However, some Aides do not have the time and need to be able to plan their directions quickly and efficiently. If you take the time now and get comfortable reading and understanding a map, you can get to your clients' homes quickly and with less stress. You'll also be able to reorient yourself more easily on the road if you ever get lost.

A **map** is a representation of the whole or part of an area. An **atlas** is a book of maps that usually contains details of specific areas in a state. An atlas is a very handy book that is designed to fit in the glove compartment of a car. A street atlas usually costs less than $20 and is available at bookstores, gas stations, pharmacies or auto clubs. In fact, if you belong to an auto club, they'll usually give you maps free of charge and will even mark out a route for you with a highlighter. As a Home Health Aide whose job requires travel to clients' homes, it is certainly worth the investment to purchase a map or an atlas of the area you will be working in and to look into joining an auto club if you don't belong to one now.

Top Ten Reasons to Use a Map or Atlas

#10 You can always keep it close at hand.
#9 You can store it in the glove compartment of your car.
#8 Before driving, you can plan out various routes and mark them with a pencil or highlighter.
#7 It allows you to be more self reliant and independent.
#6 You can find any place to go, anywhere you want, at any time.
#5 It will give you a sense of security.
#4 If you get lost, you don't need to find a pay phone or quarters.
#3 You don't need to find someone to ask directions (not always reliable).
#2 You can plan your vacation route at any time!
#1 Nobody has to tell you where to go!

In order to complete the next few pages, it will help if you have an area map or atlas.

Reading and Understanding Maps (continued)

Understanding a Map's Compass:

It is important to first understand how directions are laid out on a map—north, south, east, west—and to use them to figure the direction you are going. The first thing to look for on a map is the compass symbol. A **compass** is a device used for determining direction. Most of us have held or used a magnetic compass which always points to the north. A compass symbol on a map almost always emphasizes north.

1. Maps are always set with north at the top and south at the bottom. So, east and west are located where? EAST = ____ left ____right WEST = ____ left ____ right

2. Why would you need to know where *N, S, E, W* are ?

A **route** is a traveled way or a line of travel. A **highway** is a main direct road. An **interstate highway** is a main road that connects two or more states. It is important to know that state and federal routes use a numbering system that can help orient you on the road. All even numbered routes go east/west, while all odd numbered routes go north/south. So, If it's an odd numbered highway, its line of travel will be north/south

3. Which direction do you travel on Interstate 90 (I-90): ___ north/south? ___ east/west?

4. Why do you think I-87 is called the "Northway"?

5. In what direction will you travel on I-90E? ______________

6. Name a state to the east of New York that I-90 connects to: ____________________

Now, look at the Northeast Health symbol on the *Learning Strategies Activity Pak* and you'll see a "compass rose". It is called this because it is a compass symbol that resembles a rose in its design. It's a bit unusual in that north is NOT the only point that's emphasized. Look carefully and you'll see that another directional point is emphasized.

7. Which direction is it? ______________

8. Do you know why?

Reading and Understanding Maps (continued)

Reading a Map's Legend:

Now that you're comfortable with the compass and directional layout of a map, it's time to become familiar with the map's legend. A **legend** is an explanatory list of the symbols used on a map. Every map has its own specific legend and it can usually be found at the bottom (or on the first page of an atlas).

A legend contains symbols used for highways and roads, for **boundary** lines and areas, and for **points of interest**. Points of interest and places you know can help you pinpoint areas and give you confidence that you're going in the right direction. These symbols are usually easy to recognize and can be of great help to you when writing out directions or planning out a route of travel. These symbols are sometimes referred to as **landmarks.** Landmarks are objects that mark a course or boundary or serve as a guide on a map or while driving. For example, parks and golf courses are excellent landmarks to use when following directions because they stand out so clearly when you are driving.

A point of interest is an individual detail of curiosity indicated on a map such as an ambulance-police-fire station, a city-town-village hall, a hospital, school, airport, campground, museum, post office, park, etc.

9. Why is it smart to find these locations on a map and go to them if you're lost?

10. What will you find there that might help you?

11. What would an airplane symbol indicate on a map? **(a.)** ________________________

A skier? **(b.)** ____________________ A tent? **(c.)** ________________________

A boundary is a line or shaded area on a map that marks a limit of an area such as a county, state, town, city, village, or zip code. These lines and shaded areas form shapes that allow you to read a map more clearly. Some maps may use colors to distinguish between different lines and shaded areas. Large areas such as parks, golf courses, and cemeteries are usually represented on maps as shaded blocks with symbols in them.

12. What would a cross symbol indicate in the middle of a shaded area? **(a.)** __________

A picnic table? **(b.)** _______________ A flag in a hole? **(c.)** __________________

Reading and Understanding Maps (continued)

Using a Map's Scale:

A **scale** is a divided line on a map indicating the length used to represent a larger unit of measure. It is most often represented by a small bar at the bottom of a map that shows mileage on top as compared to inches on the bottom. We use scales to figure out the distance in miles from one point to another. You can place your thumb and index finger on a scale and then estimate distances between points. Once we know a distance in miles, we can then use our car's speedometer to figure out how long it will take us to get there. Every scale is different on every map, so it is important to study each map's scale carefully before measuring distance.

13. If a scale on a map shows that one inch is equal to one mile, then how many miles (mi.) apart are two points if they measure 4 inches (in.) apart? ________________mi.

Let's say you used a scale to figure out that you'll be traveling 30 miles to a client's home. You planned your route and you know you'll be traveling on a highway for the most part at about 60 miles per hour (mph).

14. About how long should it take you to drive those 30 miles at 60 mph? __________hr.

Now let's say you've used a scale to figure out that you'll be traveling to the same client on a city road for the most part at about 30 mph instead of on a highway.

15. About how long should it take you to drive those 30 miles at 30 mph? __________hr.

16. Why is it important for you to understand the scale on a map?

17. What difference can it make for you on the job?

Reading and Understanding Maps (continued)

Using an Atlas:

An **atlas** is divided into different sections with the first half of the atlas containing maps, and the second half containing indexes. An **index** is an alphabetical list of items with the page number where each item may be found. An atlas has a street index that you can use to find any street in an area. For example, if a client's home is located on River Street in Troy, you would simply look it up under "R" in the street index. There you may find several River Streets listed since it's such a common street name. Next to each street is its municipality (town, city, village, etc.), the number of the map it is on, and the grid number it can be located in on that map.

18. Circle the correct street index listing for River Street in Troy (read carefully):

Name	Muni	Map	Grid
RIVER RD	SDK	124	DP125
RIVER ST	TRY	97	ED102
RIVER RD	TRY	83	EF93
RIVER ST	WFT	83	EC95

A grid is a network of horizontal and perpendicular lines used for locating points on a map. These grid lines form small squares that overlay a map. You can use them to pinpoint a street very quickly. For example, if you wanted to locate River Street in Troy (TRY), and the street index listed it on Map 97 - Grid ED102, you would turn to Map 97 in the atlas and read across the letters at the top of the map until you found the letters ED. From there, you would follow down along the side until you found the number 102. Within that square is where you'd find River Street in Troy. Using the number/letter combinations listed in the street index will allow you to pinpoint a street very quickly and easily. Planning your route of travel in this way will ease stress and save time. It will also allow you to find more than one way to get where you want to go!

19. Why do you think grids are set up with letter combinations across the top and number combinations along the side?

Reading and Understanding Maps: Answer Key

1. EAST = right , WEST = left
2. You should know where N, S, E, W are so you can:
    - read a map and its compass clearly
    - get and give clear directions
    - figure out which direction a route travels
    - orient yourself on the road if you get lost
    - read and understand road signs
3. east/west
4. I-87 is called the "Northway" because it travels north/south (odd numbered).
5. east
6. Massachusetts (Mass.)
7. east
8. Because the first word in Northeast Health is "northeast", the organization's compass rose symbol emphasizes (by extending two directional points beyond the circle) both directions—north and east.
9. It is smart to find points of interest on a map and go to them if you're lost because you will have an easy time seeing them when you're driving since they stand out so clearly.
10. What you will usually find at these points of interest are telephones, maps, and staff who are practiced at giving directions to people who are lost.
11. (a.) an airport (b.) a ski area (c.) a campground
12. (a.) a cemetery (b.) a park (c.) a golf course
13. 4 mi.
14. ½ hr.
15. 1 hr.
16. It is important to understand the scale on a map because then you can figure out how long it will take to get to each client's home.
17. The difference this can make on the job is that it can save time and relieve stress which allows for quality client care.
18. RIVER ST TRY 97 ED102
19. Grids are set up with letter combinations across the top and number combinations along the side to make it easier to pinpoint a location on a map. If only numbers were used, it would be more difficult to distinguish between the vertical and horizontal lines. Combining letters and numbers makes using a map's grid less confusing.

How did you do with the "Reading and Understanding Maps" section? If you are still unclear about an answer, then go back and reread that section, or ask a friend to review it with you.

Map Vocabulary Review

You've probably learned some new vocabulary words that are specific to reading maps and directions. Use this time to review the vocabulary listed below. Go back and reread sections as you become more familiar with these words.

atlas	a book of maps
boundary	a line or shaded area on a map that marks a limit of an area such as a county, zip code, or state
compass	a device used for determining direction
grid	a network of horizontal and perpendicular lines for locating points on a map
highway	a main direct road
index	an alphabetical list of items treated in a printed work with the page number where each item may be found
interstate highway	a main road that connects two or more states
landmark	an object that marks a course or boundary or serves as a guide
legend	an explanatory list of the symbols on a map
map	a representation usually on a flat surface of the whole or part of an area
point of interest	an individual detail of curiosity indicated on a map such as a school, library, cemetery, museum, historic site, etc.
route	a traveled way, a line of travel
scale	a divided line on a map indicating the length used to represent a larger unit of measure

Review and tear out the next two Car Keeper pages: Vehicle Checklist & If You Get Lost. Put them in your car's glove compartment or keep them close at hand when traveling.

VEHICLE CHECKLIST

- Street Atlas or Map
- Quarters for Phone Calls & Tolls
- Paper, Pads & Pencils
- List of Emergency Phone Numbers
- Schedule of Clients & Arrival Times
- Watch or Clock (set correctly)
- Emergency Road Kit
- Do you have
    - enough gas?
    - enough air in all tires?
    - extra windshield wiper fluid?
    - a spare tire & jumper cables?
    - a snowbrush and icescraper?
    - updated registration & inspection stickers?

When you depend on your car for work, it's worthwhile to invest in a cellular phone and a membership in an auto club.

CAR KEEPER

IF YOU GET LOST

Stay Calm and Focused

Compare your Directions with a Map

Call the Scheduling Office or Find Appropriate People to Question

- police, state troopers
- post office personnel
- gas station personnel
- city or town workers
- local store employees

Ask Clarifying Questions

- What is the color of the house? door? shutters?
- Is there a wheelchair ramp in front of the house?
- Is there a tree in front of the house?
- Is the house on the left or right side?
- Is the house a single-family or two-family?
- Is the address a street, road, avenue, boulevard, etc.?
- Is the route north or south, east or west?
- Are there landmarks, such as a school, cemetery, hospital, or shopping plaza that will tell me if I'm going in the right direction?
- How will I know if I've gone too far?

Read or Repeat Back Directions

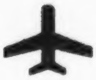
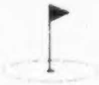
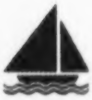
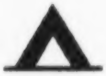
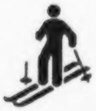
Learner Post-Assessment

***Directions**: In both Part A and Part B, draw a line connecting the words or symbols on the left with their matching descriptions on the right. Then check your answers against the Answer Key on the following page.*

Part A - Map Vocabulary:

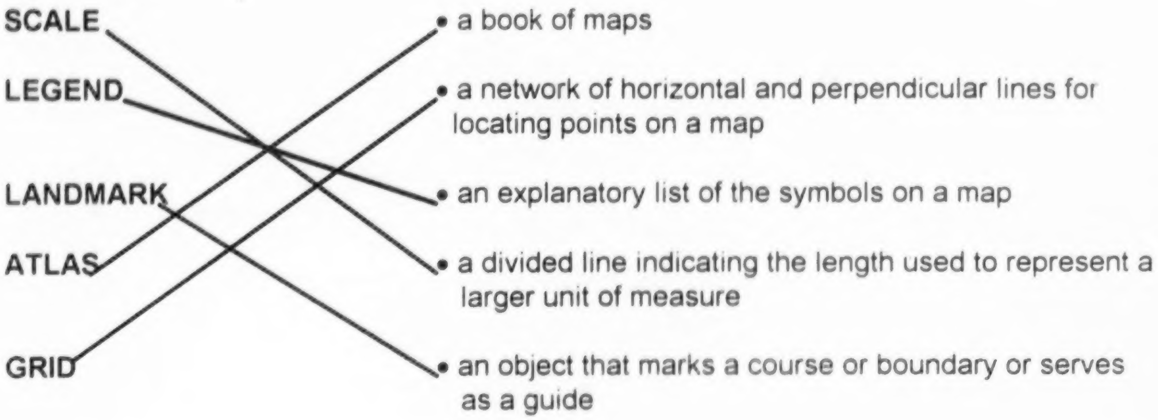
SCALE	• a book of maps
LEGEND	• a network of horizontal and perpendicular lines for locating points on a map
LANDMARK	• an explanatory list of the symbols on a map
ATLAS	• a divided line indicating the length used to represent a larger unit of measure
GRID	• an object that marks a course or boundary or serves as a guide

Part B - Map Symbols:

	• ski area
	• boat launch
	• campground
	• airport
	• golf course

Learner Assessment: Answer Key

Part A - Map Vocabulary:



SCALE

LEGEND

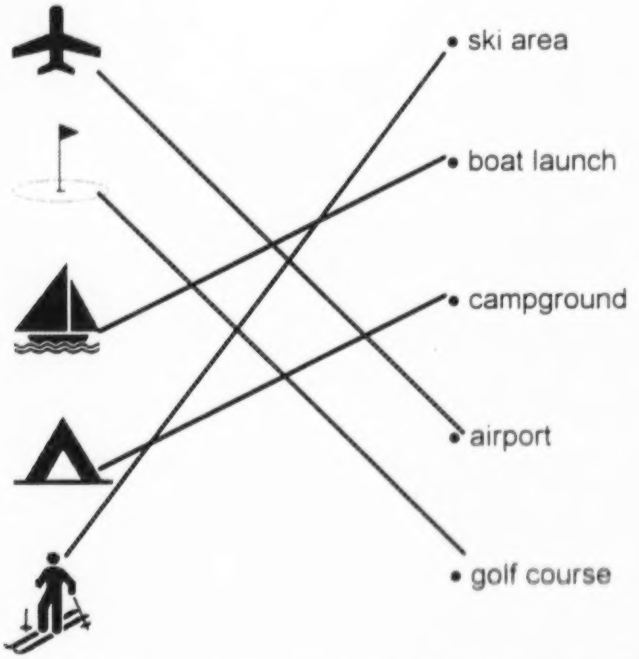
LANDMARK

ATLAS

GRID

- a book of maps
- a network of horizontal and perpendicular lines for locating points on a map
- an explanatory list of the symbols on a map
- a divided line indicating the length used to represent a larger unit of measure
- an object that marks a course or boundary or serves as a guide

Part B - Map Symbols:



Now compare your "Learner Post-Assessment" with your "Learner Pre-Assessment" at the beginning of this module . . . did you improve?

Summary and Closure

Directions: *Write your thoughts in response to the questions below.*

What did you learn?

How can you apply it on the job?

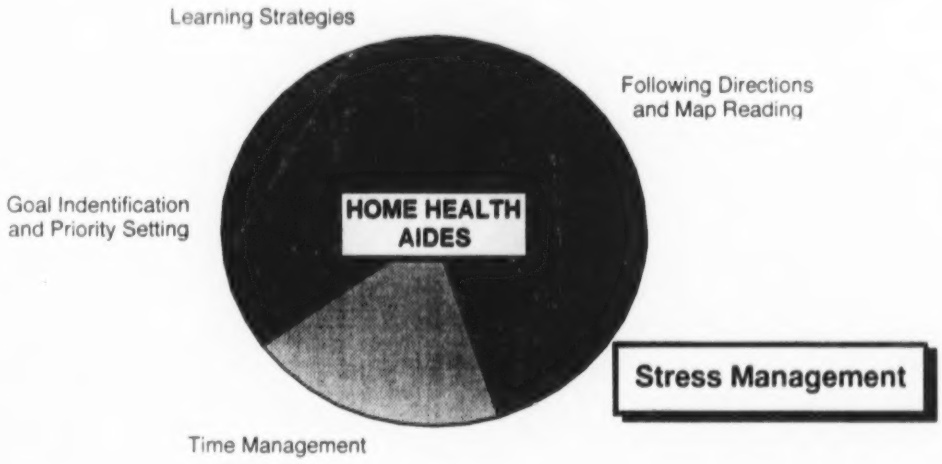
What can you do to continue learning what you worked on in this module?

The Eddy
A MEMBER OF NORTHEAST HEALTH

UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

ESSENTIAL SKILLS for the CARE TEAM

A Program for New Employees in Residential and Home Care


Learning Strategies
Following Directions and Map Reading
Goal Indentification and Priority Setting
HOME HEALTH AIDES
Stress Management
Time Management

A SELF-INSTRUCTIONAL TRAINING MODULE

STRESS MANAGEMENT

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

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STRESS MANAGEMENT

A SELF-INSTRUCTIONAL TRAINING MODULE FOR HOME HEALTH AIDES

Rationale and Goal

Home Health Aides often lead stress-filled lives. Simply trying to juggle work and home is difficult for most people. Frequently, they have stressors at home that can impact work, as well as stressors on the job that can strain relationships. Home Health Aides have the added pressures of having to go from place to place each day, and completing competing tasks within prescribed timeframes. Working efficiently, effectively, and cheerfully while tending to those requiring various levels of care can be stressful. The aim of this module is to help Aides provide quality care to all of their clients by developing strategies to identify their stressors and related symptoms and to control stress in their work and personal lives.

Learning Objectives

Upon completing this module, participants will be able to:

- Identify stressors
- Identify stress symptoms
- Use a method to reduce stress symptoms
- Recognize barriers to change
- Address procrastination

Competencies

- Self-directed learning
- Critical thinking
- Decision making
- Writing for self and others

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Personal Contract

Directions: *Complete this worksheet before you start the module.*

My expectations for this training include

What I can contribute to this experience is

This will be an effective use of my time if I

Learner Pre-Assessment

***Directions:* Fill in the blanks below with the correct word.** *If you have a difficult time, don't worry—you'll have an opportunity to take the same exact test (Learner Post-Assessment) again at the end of this module. That is where you'll find the Answer Key . . . but don't skip ahead and look now! First, complete this module and then see how much you improve!*

1. ________________________ is the tension you feel in response to both positive and

2. ________________________ events. Demands and pressures that create stress in

your life are often called 3. ________________________. We each have our own unique

4. ______________________________________ from stress. These symptoms can be

5. ________________________ or physical. To achieve goals, accomplish tasks, and

relieve stress, it is helpful to make a stress- 6. ____________________________ plan.

Most of us 7. __________________________ on certain tasks because they are difficult

or unpleasant. We tend *not* to put things off that are 8. __________________________

or enjoyable. Two ways to avoid procrastination are 9. __________________________

____

and 10. ____

____

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Overview

Home Heath Aides work hard to provide quality care to all of their clients. They handle many tasks on the job so that their clients can remain in their own homes. This is not an easy job. Many of the clients are sick, angry, depressed, unaware of their surroundings and the people around them, or in pain. Their mental and physical distress can create a great deal of stress in their lives and in the Home Health Aide's life as well. Aides also have lives outside work—with people and situations that create a great deal of stress as well.

Stress is a major part of everyone's life. Everyone talks about it. It affects people at work and in the home. In fact, if you're stressed at home, it will often affect how you do your job. Stress can be positive when it motivates you to do things, but it can be negative when it immobilizes you, creates physical pain, or makes you ill. But what is it?

- Stress is the tension you feel in response to both positive and negative events.
- The stress reaction is often physical in nature.
- We each have our own unique symptoms. You may get headaches. I may get shoulder pain. Someone else may get queasy.

The good news is that you can lessen your stress symptoms. And when you do, you will feel better both physically and mentally. You can learn to:

- Identify your own stress symptoms
- Understand what causes you to feel stress
- Learn to accept, avoid, or adapt to what stresses you

Most experts believe that in order to handle stress you must:

- Set goals to keep you focused
- Control your time by setting priorities
- Know your stressors
- Decide what to do about stressful situations
- Make a plan
- Carry out your plan and don't procrastinate

Identifying Your Stressors

Listed below and on the following page are some demands and pressures that can create stress in your life. These are often called **stressors**. Notice that these stressors are grouped into categories--job, family, personal, and financial. These stressors create the most difficulties for people.

***Directions**: Look over the list below and on the following page and check those items that create stress for you. Add any other situations that cause you stress but that are not on the list. Choose the five stressors that are most significant for you. Write them in the box at the end of the list in rank order from 1 to 5, with #1 being the most significant:*

Job Stressors

___ Getting to work late
___ Not knowing what to do
___ Feeling isolated or alone
___ Failing to complete assignments
___ Getting lost on way to client
___ Only hearing when you've erred
___ Too much responsibility at work
___ Not knowing who to contact
___ Equipment malfunctions
___ Interruptions
___ Not understanding directions to client's home
___ Setting work goals
___ Meeting work goals
___ Lack of necessary skills
___ Overtime
___ Client's living conditions
___ Client's family or friends
___ Responsibility without authority
___ Fear of error or failure
___ Difficult clients
___ Not getting a pat on the back
___ Other ______________________
____

Family Stressors

___ Marital difficulties
___ Alcoholism/drug addiction in family
___ Disciplinary problems with children
___ Child care
___ Child leaving home
___ Death of a spouse or relative
___ Meeting obligations to your family
___ Conflict over money
___ Violence in the family
___ Other ______________________

Identifying Your Stressors (continued)

Personal Stressors

___ Personal injury or illness
___ Pregnancy
___ Failure to meet personal goals
___ Not enough time for yourself
___ Alcohol or drug dependence
___ Feeling self conscious
___ Lack of social life/stimulation
___ Feeling inferior
___ Fearful
___ Lack of privacy
___ Problems with weight
___ Not enough time to get things done
___ Change in living conditions
___ Involved in a legal proceeding
___ Feeling unwanted or alone
___ Other ______________________

Financial Stressors

___ Not enough money to pay bills
___ Increased expenses
___ Major purchase
___ Cash flow problems
___ Mortgage difficulties
___ Loss of income
___ Lack of funds for recreation
___ Financial loss
___ Credit problems
___ Other ______________________

RANK ORDER -- TOP 5:

1.

2.

3.

4.

5.

Symptoms of Stress

The symptoms of stress vary from person to person, but some symptoms are more common than others. Listed below are some of the more common symptoms of stress. Which of these symptoms do you have? ***Directions:*** *Check the symptoms of stress that you experience. Remember, just because you experience one or more of these symptoms every once in a while, doesn't necessarily mean that you are stressed.*

___ Stomach problems

___ Bowel problems

___ Skin problems/hives

___ Teeth grinding/achy jaw

___ Anger and irritation

___ Dry mouth/swallowing difficulty

___ Feel restless/pace or tap your foot

___ Chest pains/shortness of breath

___ Tension/migraine headaches

___ Nervous tics/trembling

___ High blood pressure

___ Sweaty palms/increased perspiration

___ Many colds/frequently feel sick or not well

___ Feel things are getting out of control

___ Frustration

___ Tight muscles or muscular aches

___ Feel anxious

___ Feel desperate, hopeless

___ Feel trapped, helpless

___ Difficulty concentrating

___ Feel indecisive

___ Believe everything turns out badly

___ Preoccupied/daydreaming

___ Difficulty falling asleep/sleeping

___ Other ______________________________

____

Making a Stress Reduction Plan

Now you've identified what stresses you (stressors) and how you react to stressful situations (symptoms), the next step is to relieve yourself of as much stress as possible. Here are some suggestions that can help you cut down on the stress you feel.

1. *Begin by setting goals so you can focus on what's important to you.*

   Break the goals down into measurable steps and set priorities.
   Don't forget that your goals can change as circumstances change.

2. *Control the time you have as effectively as you can.*

   Make a checklist of tasks to do each day that will move you toward your goals.
   Check off the tasks as you do them.
   Even if you don't achieve all your goals, you'll feel better as you get close to them.

3. *Try to simplify your life.*

   Eliminate things from your life that are "more trouble than they're worth."
   Learn to say "no" to things that take up more time than you really want to give or that are not important to you, your family, or your work.

4. *Make a plan to lessen the stress in your life.*

   To carry out your plan, you may need to make changes in the way you do things and how you interact with others.
   You may also need to learn to take better care of yourself.

Remember that these changes can be stressful. Change--by its very nature--is stressful to most of us!

POST ME

Deep Breathing

A Relaxation Technique

Being able to relax during times when you're feeling stressed is important to your physical and mental well-being. The nice thing about being able to make yourself relax is that you cannot be both relaxed and stressed at the same time. So, if you can learn how to relax, you can lessen some of life's pressures.

Directions: Try to practice the following exercise 10 minutes each day--before getting out of bed in the morning, before going to sleep at night, while sitting in a comfortable chair, or wherever you can be alone and have a quiet atmosphere.

- Close your eyes.
- Inhale through your nose, and exhale through your mouth.
- Breathe deeply and evenly.
- Place one hand on your abdomen.
- Breathe deeply.
- Concentrate on filling your lungs with air. Feel your abdomen rise and fall with your hand.
- Continue breathing without pause.
- After a few minutes of stable, even breathing, slowly change the rhythm. Begin to take twice as long to exhale as to inhale.
- Free your mind of distractions by making a "Hmmm" sound every time you exhale.
- Let yourself go limp. Imagine each breath is carrying away the tightness in your head or muscles.
- Continue breathing with your eyes closed until you feel as if 10 or 15 minutes have passed.
- Slowly open your eyes.
- Remain quiet for another minute or two.

A Personal Stress Reduction Plan

On the next few pages, you can begin to develop your own plan to help you lessen the effects of stress so that you can function better at work and at home. If you stick to your stress reduction plan, you should feel some definite improvements in your work life and your home life!

- **Write down the item you ranked as #1** on your list of stressors.

- **Write a *description* of the problem.** For example, if you identified working with a difficult client as your #1 stressor, write specific statements about the client and the specific interactions with him/her that creates the stress.

- Now, **write a *reasonable* goal** that is both attainable and measurable. For example, in the case of working with a difficult client, you may decide that communication needs to improve. What, then, would be a reasonable goal for you to aim for?

- **Think about the *possible actions* you might take**. Write down ways to avoid a situation, alter it, or learn to accept it. Can you *avoid* a person or situation at work? Can you *alter* the situation you identified? Can you learn to *accept* things as they are by looking at them differently or by talking things through with someone?

A Personal Stress Reduction Plan (continued)

- **Identify the *barriers* to your actions.** What might keep you from acting? If your client at work is stressing you, what *can* you do? What *can't* you do? What can keep you from doing something about the problem you identified?

- **Write down supports for the change**. We all need to have a support system that we can call on. Support can come in many forms and from many people. Practical help can be the primary nurse changing the Care Plan so you can work with a client better, or it can come from learning more about communication so you can understand or help control interactions with a difficult client. Emotional help can come from family, friends, or co-workers' verbal reassurances or hugs.

You might feel uncomfortable about asking for support, but do it--it can make the difference between being successful and being discouraged. Remember to always ask for help when you're stuck or uncertain about what to do. Your priority is to provide quality care to all clients. Ask for help when you try something new or want to know how someone else would handle a situation. Talk to your supervisor when you feel like you're treading water. Don't wait until you have a crisis!

- **Do it!** You've just written down everything you need--goals, actions, barriers to overcome, your support system--in order to make that change you're looking for. Now it's time to assert yourself and take action!

POST ME

Working Through Major Stressors

A Memory Jogger

- Learn what stresses you.
- Think about which stressors you can avoid or adapt to.
- Simplify your life.
- Learn to say "No!" to things that are not important.
- Be realistic about what you can and cannot do.
- Acknowledge barriers to change.
- Take care of yourself--eat, sleep and relax.
- Learn relaxation techniques that you can use.

POST ME

Getting Through the Small Stuff

A Memory Jogger

- Count to ten, slowly.
- Take an emotional time-out.
- Take a physical time-out.
- Use positive self-talk: "I can," "I will."
- Ask: "What's the worst that could happen?"
- Praise yourself for small successes.
- Take a short, fast walk.
- Use a deep breathing exercise.
- Use a muscle relaxing exercise.
- Find a mentor or good listener!

Procrastination

"Do it!" is certainly easy to say, but is it easy to do? It can be, if you use your time wisely, break large tasks into smaller ones, and set realistic goals. But if you're a procrastinator who tends to look at the whole goal as needing to be done--without reminding yourself that there are parts that can be done and then tied together to reach the goal--then you won't find "doing it" so easy.

Most of us procrastinate on certain tasks because they are unpleasant, difficult, or make us feel indecisive or confused. We tend not to put things off that are easy or enjoyable. Procrastinating about unpleasant tasks rarely makes them disappear. Instead, delaying, deferring, and putting off things that need to be done usually increases stress because the tasks that must be done are still there.

When you look over the following list, you'll see that it is made up of some of the "best" reasons for procrastinating:

- the task is unpleasant
- there's too much to do
- you're overworked
- the task is too big
- the task will take too long
- it's not part of the job description
- tomorrow will be a better day
- never done it before
- someone else can do it
- someone else will do it better
- can't finish it because of interruptions

Do any of these reasons seem familiar to you? ___ Yes ___ No

Have you heard them? ___ Yes ___ No

Have you used them yourself? ___ Yes ___ No

Do you have others that you use? List what they are:

1.
2.
3.

Procrastination (continued)

Do you procrastinate? _____ Yes _____ No

What sort of situation, task, or demand makes you want to put it off? For what reason?

What can you do to help yourself get through the task?

Write a statement about something that you've put off doing time and again or something that you're putting off now:

Write a statement about not putting it off:

There are techniques you can use to help you tackle those activities you keep putting off:

- Don't wait until you feel motivated. Start the activity first. Motivation can come later, when you see the results of your actions.
- Take one piece of a difficult task and take care of it. Then take another piece. When you've gone that far, you'll probably be motivated to finish.
- Use positive self-talk. Give yourself credit for starting the job.
- Reward yourself for a job well done. Don't punish yourself for not finishing.
- Give yourself a starting and finishing time for what you'll do on that particular task each day.

Learner Post-Assessment

***Directions:* Fill in the blanks below with the correct word. Then check your answers against the Answer Key on the following page.**

1. ______________________ is the tension you feel in response to both positive and

2. ______________________ events. Demands and pressures that create stress in

your life are often called 3. ______________________. We each have our own unique

4. ______________________ from stress. These symptoms can be

5. ______________________ or physical. To achieve goals, accomplish tasks, and

relieve stress, it is helpful to make a stress- 6. ______________________ plan.

Most of us 7. ______________________ on certain tasks because they are difficult

or unpleasant. We tend *not* to put things off that are 8. ______________________

or enjoyable. Two ways to avoid procrastination are 9. ______________________

____

and 10. ____

____.

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Learner Assessment: Answer Key

1. Stress
2. negative
3. stressors
4. symptoms, reactions, responses, results, etc.
5. emotional, mental, psychological, etc.
6. reduction, relief, etc.
7. procrastination
8. easy, fun, quick, etc.

9. - 10. *Any of the following two answers are acceptable:*
(or any answer that makes sense to you)

- Start the task first; motivation can come later
- Break the task into smaller pieces; you'll be motivated to finish
- Use positive self talk; give yourself credit
- Reward yourself for a job well done; don't punish yourself for not finishing
- Give yourself a daily start and finish time for each task

Now compare your "Learner Post-Assessment" with your "Learner Pre-Assessment" at the beginning of this module . . . did you improve?

Summary and Closure

Directions: *Write your thoughts in response to the questions below.*

What did you learn?

How can you apply it on the job?

What can you do to continue learning what you worked on in this module?